

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

932

12073

CERTIFICATE OF DEATH

Reg. Dist. No. 1310

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 10 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. 4 Norva Ave.
(If rural, give LOCATION)2.(a) If veteran, name war none

3. (a) FULL NAME

Mrs. Sophia Eleanor Albright

3. (b) Social Security Number

none

4. Sex

female

5. Color or race

white

6. (a) Single, married, widowed, or divorced

married widow6. (b) Name of husband or wife Eli J. Albright

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) July 10, 1865

8. AGE:

Years

81

Months

4

Days

27

If less than one day

_____ hrs.

_____ min.

9. Birthplace York, Co., Pa.

(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name Martin Klevedins13. Birthplace York Co., Pa.,14. Maiden name Mary Shearer,15. Birthplace York, Co., Pa.16. Informant Mrs. Frank E. Garrett,Address Frederick, Md.17. Burial Date thereof Dec. 10, 46
(Burial, cremation, or removal, which?) (month) (day) (year)Cemetery or crematory Roth's Church CemeteryLocation York, Pa.
M. R. Etchison & Son18. Funeral director Frederick, Md

Address

19. 8-Dec 1946
(Date rec'd by registrar)Elizabeth H. Heck
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7 December 1946 at 5:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

30 November 1946 to 7 Dec 1946and that I last saw her alive on 6 December 1946

Immediate cause of death

Uremia

DURATION

36 hrs.Due to Hypertensive heart4 mos.disease, & failure(?)

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

Charles H. Conley, Jr., M.D.
Address Frederick, Md. Date signed 8 Dec 1946

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

DEC 10 1946

BUREAU V &

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1702

CERTIFICATE OF DEATH

Reg. Dist. No. 12074/310

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death?
Hospital, institution, or street address where death occurred:Frederick City Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County BaltimoreCity or town Baltimore
(If outside city or town limits, write RURAL and give nearest town)Street No. 1123 W. Lombard St.
(If rural, give LOCATION)2.(a) If veteran, name war none ✓

3. (a) FULL NAME

Joseph
VINCENT AVARA

3. (b) Social Security Number

4. Sex

male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

Mary Marie Serie

7. Birth date of deceased (mo., day, yr.)

May 13 - 1901

6. (c) If alive, give age years

8. AGE:

Years 45

Months

7

Days

7

If less than one day

hrs. min.

9. Birthplace

Italy

(Town, county, and state)

10. Usual occupation

Barber

11. Industry or business

MOTHER FATHER

12. Name

Senio Avara

13. Birthplace

Italy

14. Maiden name

Concella Bianca

15. Birthplace

Italy

16. Informant

Mrs Mary Avara

Address

Baltimore - Maryland

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

Dec 24 - 1946
(month) (day) (year)

Cemetery or crematory

New Cathedral Cmn

Location

Baltimore - Maryland

18. Funeral director

Address 908 Hollister St

19. 21 - Dec

(Date rec'd by registrar)

19. 46

Elizabeth G. Hoch

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 20 December 19 46 at 8:45 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

never 19 46 to 19 46and that I last saw him alive on 20 December 19 46

Immediate cause of death

multiple fractures skull

DURATION

3 1/4 hrs.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 20 Dec 46Where did injury occur? Frederick, Frederick, Md
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) U. S. Highway #340Means of injury Auto accident Injured at work? No

23. SIGNATURE

Charles H. Conley, M.D.
Examiner M. D. or otherAddress Frederick, Md Date signed 20 Dec 46



1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-6

CERTIFICATE OF DEATH

12075

Reg. Dist. No. 1390

1. PLACE OF DEATH:

County **Frederick**
 City or town **State Sanatorium, Maryland**
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? **Since 10/29/46**
 Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
 How long in hospital or institution? **Since 10/29/46**

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State **Maryland** County **Prince George**
 City or town **Mt. Rainier**
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. **3425 Eastern Ave.**
 (If rural, give LOCATION)
 2.(a) If veteran, name war. ☒

3. (a) FULL NAME

Robert T. Bamberger

3. (b) Social Security Number

578-01-1740

4. Sex **Male** 5. Color or race **White** 6.(a) Single, married, widowed, or divorced **Single**

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) **March 9, 1909** 6.(c) If alive, give age..... years

8. AGE: Years **37** Months **9** Days **1** If less than one day
hrs.min.

9. Birthplace **Baltimore, Md.**
 (Town, county, and state)

10. Usual occupation **Garage Attendant**

11. Industry or business

FATHER 12. Name **George H. Bamberger**
 13. Birthplace **Baltimore, Md.**

MOTHER 14. Maiden name **Margaret Bast**
 15. Birthplace **Baltimore, Md.**

16. Informant **Mrs. Margaret M. Bamberger** (Mother)
 Address **3425 Eastern Ave., Mt. Rainer, Md.**

17. **Unknown Burial** Date thereof **Unknown 12/13/46**
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory **Unknown Lincoln Cem.**
 Location **Unknown Washington, D.C.**

18. Funeral director **Willson K. Hunttemann**
 Address **5732 Georgia Ave., Wash., D.C.**

19. **12/10/46**
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH **December 10** 19**46**, at **5:30 P.M.**

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
October 29 19**46** to **Dec. 10** 19**46**
 and that I last saw him alive on **December 10** 19**46**

Immediate cause of death **Pulmonary Tuberculosis** DURATION **9 Mos.**

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Mesne of injury Injured at work?

23. SIGNATURE **J. B. Ryan** M. D. **XXXX**

Address **State Sanatorium, Md.** Date signed **12/11/46**

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DEC 12 1946

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 92

CERTIFICATE OF DEATH

Reg. Dist. No. 12076 1310

1. PLACE OF DEATH: County <u>Frederick</u> City or town <u>Frederick</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? <u>Lifetime</u> Hospital, institution, or street address where death occurred: <u>Frederick City Hospital</u> How long in hospital or institution? <u>2 days</u>				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State <u>Maryland</u> County <u>Frederick</u> City or town <u>Frederick</u> (If outside city or town limits, write RURAL and give nearest town) Street No. <u>113 N. South Street</u> (If rural, give LOCATION) 2.(a) If veteran, name war <u>none</u>											
3. (a) FULL NAME <u>Mr. John Beall (Rufus)</u>				3. (b) Social Security Number <u>none</u>											
4. Sex <u>male</u>		5. Color or race <u>White</u>		6. (a) Single, married, widowed, or divorced <u>married</u>											
8. (b) Name of husband or wife <u>Sydia A. V. Fogle</u>				6. (c) If alive, give age <u>85</u> years											
7. Birth date of deceased (mo., day, yr.) <u>7-25-1856</u>				8. AGE: <table border="1"> <tr> <td>Years</td> <td>Months</td> <td>Days</td> <td>If less than one day</td> </tr> <tr> <td><u>90</u></td> <td><u>4</u></td> <td><u>29</u></td> <td>..... hrs. min.</td> </tr> </table>				Years	Months	Days	If less than one day	<u>90</u>	<u>4</u>	<u>29</u> hrs. min.
Years	Months	Days	If less than one day												
<u>90</u>	<u>4</u>	<u>29</u> hrs. min.												
9. Birthplace <u>Frederick County Maryland</u> (Town, county, and state)				10. Usual occupation <u>Laborer</u>											
11. Industry or business _____				12. Name <u>Am. J. Beall</u>											
13. Birthplace <u>Scotland</u>				14. Maiden name <u>? Sponseller</u>											
15. Birthplace <u>Frederick Co. Md.</u>				16. Informant <u>Mrs. J. R. Beall</u> Address <u>113 N. South St. - Fredk. Md.</u>											
17. Burial (Burial, cremation, or removal: Which?) <u>Burial</u> Date thereof <u>12-27-1946</u> (month) (day) (year) Cemetery or crematory <u>Mt. Olivet Cemetery</u> Location <u>Frederick - Md.</u> <u>C. B. Clin and Son</u>				18. Funeral director <u>Frederick - Md.</u> Address _____											
19. 26-Dec-46 (Date rec'd by registrar) <u>1946</u> <u>Elizabeth G. Heck</u> Registrar				20. DATE OF DEATH <u>Dec. 24</u> 19 <u>46</u> at <u>2:35 P.</u> M.											
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <u>Dec 1</u> 19 <u>46</u> to <u>Dec 24</u> 19 <u>46</u> and that I last saw him alive on <u>Dec 24</u> 19 <u>46</u> Immediate cause of death <u>Myocardial Infarction</u> Due to <u>Arteriosclerotic heart disease</u> Other conditions <u>Graves - Prostate</u> (Include pregnancy within 8 months of death) <u>hypertrophy</u> Major findings of operations <u>none</u> Date of op. _____ Autopsy results <u>none</u> PHYSICIAN: Please underline the cause to which death should be charged statistically. <u>Graves - Prostate</u> 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide _____ Date of _____ Where did injury occur? _____ (City or town) _____ (County) _____ (State) Injured at home, farm, industry, public place (where?) _____ Means of injury _____ Injured at work? _____ 23. SIGNATURE <u>A. Austin Pearce M.D.</u> Address <u>Frederick, Md.</u> Date signed <u>12/24/46</u>															

RECEIVED

DEC 27 1946

BUREAU V S.

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 191-2

12077

CERTIFICATE OF DEATH

Reg. Dist. No. 1310

1. PLACE OF DEATH:

County Fredrick
 City or town Fredrick Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
Memorial Hospital
 How long in hospital or institution? 9 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Fredrick
 City or town Walkersville, Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. P.O. #1
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Flarence Virginia Beel

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widow

6. (b) Name of husband or wife

George Washington Beel

7. Birth date of deceased (mo., day, yr.)

December 28, 1864

8. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

811115

hrs.

min.

9. Birthplace

Fredrick County Maryland

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

FATHER

12. Name

John Craver

13. Birthplace

Fredrick County Maryland

14. Maiden name

Julia Shanks

15. Birthplace

Fredrick C. Maryland

16. Informant

Virginia L. Beel

Address

Memorial Hosp. Fredrick Md.

17.

(Burial, cremation, or removal, which?)

Date thereof Dec 27 1946

Cemetery or crematory

Wicca

Location

W. Lewisston

18. Funeral director

G. B. Barton

Address

Walkersville Md

19.

(Date rec'd by registrar)

19 46Elizabeth G. Hedges

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

December 13, 1946 at 8:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 1, 1946 to Dec 13, 1946
and that I last saw him alive on December 13, 1946

Immediate cause of death

Myocardial Infarction
Coronary Blood Disease

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Mens of injury

Injured at work?

23. SIGNATURE

Samuel E. Foster Day
Walkersville, Md Date signed Dec 16, 46

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DEC 19 1946

BUREAU

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 134

12078

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

County Frederick CountyCity or town Emmitsburg, Maryland
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) In this town 12 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Emmitsburg County Frederick Co., Md.City or town _____ Ward No. _____
(If outside city or town limits, write RURAL NEAR and give town)Street No. _____
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR _____

3. (a) FULL NAME

Mary Jane Beltzhoover, (Sister Berchmans)

3. (b) Social Security Number

4. Sex <u>Female</u>	5. Color or race <u>White</u>	6. (a) Single, married, widowed, or divorced <u>Sister of Charity</u>
-------------------------	----------------------------------	--

8 (b) Name of husband or wife _____

6 (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) November 14, 1857

8. AGE:	Years	Months	Days	If less than one day
	<u>89</u>	<u>—</u>	<u>20</u>	hrs. _____ min.

9. Birthplace Near Emmitsburg, Maryland
(Town, county, and state)10. Usual occupation Caring for the sick and poor11. Industry or business as a Sister of Charity12. Name Daniel M. Beltzhoover13. Birthplace Pagerstown, Pennsylvania Md.14. Maiden name Elizabeth Miles15. Birthplace Baltimore, Maryland16. Informant Sister Mary Loretta, TreasurerAddress St. Joseph's Central House
Emmitsburg, Maryland17. Burial (Burial, cremation, or removal. Which?) Dec. 7, 1946
(month) (day) (year)Cemetery or crematory St. Joseph's Private CemeteryLocation Emmitsburg, Maryland18. Funeral director S. L. AllisonAddress Emmitsburg Md.19. Dec 6 46 M. A. Shuff
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 5 19 46, at 7:10 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct 46 19 46, to Dec 5 19 46
and that I last saw her alive on Dec 4 19 46

Immediate cause of death

Carcinoma colon

DURATION

6 mo

Due to _____

Due to _____

Other conditions

Intestinal obstruction 1 week

(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____

Injured at work? _____

23. SIGNATURE

W. R. Cagle M.D.

M. D. or other

Address Emmitsburg Md. Date signed 12-6-46

RECEIVED

DEC 10 1946

BUREAU V B

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1860

12079

CERTIFICATE OF DEATH

Reg. Dist. No. 1310

1. PLACE OF DEATH:

County Frederick
 City or town Frederick-Rural
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Emergency HospitalHow long in hospital or institution? Since November 23, 1946

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)

Street No. Tower Apartments

(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME

EMILY CLARA BEST

3. (b) Social Security Number

None

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced W

6. (b) Name of husband or wife John T. Best

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) May 26, 1856

8. AGE: Years 90 Months 6 Days 26 If less than one day _____ hrs. _____ min.

9. Birthplace Ijamsville-Frederick-Maryland

(Town, county, and state)

10. Usual occupation At Home

11. Industry or business

12. Name James E. Ford13. Birthplace Frederick County Maryland14. Maiden name Mary M. Riggs15. Birthplace Frederick County Maryland16. Informant Mrs. Hattie P. SmithAddress Frederick, Maryland17. Cremation Date thereof 12/24/46

(month) (day) (year)

Fort Lincoln CrematoryLocation Washington, D. C.18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 23 Dec 1946 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 22nd 1946 at 11A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov. 23 1946 to Dec. 22 1946and that I last saw her alive on Dec. 22 1946

Immediate cause of death

Chronic Nephritis
Anemia

DURATION

2 years
2 weeks

Due to _____

Due to _____

Other conditions

Fracture neck femur rt 1 Month

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 11/28/46Where did injury occur? Frederick - Md
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) HomeMeans of Injury Fall Injured at work? no23. SIGNATURE Bernard Thomas Jr. M. D.

M. D. or other

Address Frederick, Maryland Date signed 12-23-46

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 26 1946
BUREAU V.E.

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

12080

1. PLACE OF DEATH:

County Frederick
 City or town State Sanatorium
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Since June 3, 1946
 Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
 How long in hospital or institution? Since June 3, 1946

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County _____
 City or town Baltimore
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 1109 Longwood St.
 (If rural, give LOCATION)
 2. (a) If veteran, name war. _____

3. (a) FULL NAME

JOHN ROBERT BRUNER

 3. (b) Social Security Number
216-12-6255

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife _____
 6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Nov. 29, 1923

8. AGE: Years 23 Months 0 Days 23 If less than one day _____ hrs. _____ min.

9. Birthplace Baltimore, Md.
 (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Shipyard

FATHER 12. Name Harry F. Bruner
 13. Birthplace Iowa

MOTHER 14. Maiden name Lois Fitze
 15. Birthplace Maryland

18. Informant Mother
 Address 1109 Longwood St., Balto. Md

17. Burial Date thereof 12/26/46
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Holy Redeemer
Baltimore, Md.
 Location Md. Protestant

18. Funeral director Thurmond
 Address 12/22/46

19. (Date rec'd by registrar) 12/22/46 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 22, 1946 at 2:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 3 19 46 to Dec. 22 19 46
 and that I last saw him alive on December 22 19 46

Immediate cause of death _____ DURATION

PULMONARY TUBERCULOSIS 2 1/2 yrs.

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Ante-mortem _____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE J. B. Lynn M. D. _____

Address State Sanatorium, Md. Date signed 12/22/46

RECEIVED

DEC 24 1946

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1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 832

CERTIFICATE OF DEATH

Reg. Dist. No. 120810

1. PLACE OF DEATH:

County FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 45 Years

Hospital, institution, or street address where death occurred:

110 West All Saint Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 110 West All Saint Street

(If rural, give LOCATION)

None

2. (a) If veteran, name war

3. (a) FULL NAME

ANNIE CAMPBELL

3. (b) Social Security Number

None

4. Sex

F

5. Color or race

C

6. (a) Single, married, widowed, or divorced

W6. (b) Name of husband or wife Hunter Campbell7. Birth date of deceased (mo., day, yr.) 1876-Month & Day Unknown8. AGE: Years 70 Months Days If less than one day9. Birthplace Winchester, Virginia

(Town, county, and state)

10. Usual occupation At Home

11. Industry or business

12. Name Unknown13. Birthplace Unknown14. Maiden name Unknown15. Birthplace Unknown16. Informant Mrs. Thomas StrawderAddress 119 W. All Saint St., Fred'k, Md.17. Burial Date thereof 12/6/46

(Burial, cremation, or removal, which) (month) (day) (year)

Cemetery or crematory Fairview CemeteryLocation Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 6 Dec 19 46 Elizabeth H. Hesch

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 4th 1946 at 11:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19 43, to December 1946and that I last saw her alive on Dec 4th 19 46Immediate cause of death Cerebral ApoplexyDue to Hypertension andarteriosclerosisOther conditions Chronic Arthritis

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE U. S. Berne M. D.Address Frederick, Maryland Date signed 12-5-46

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

DEC 7 1946

BUREAU 8

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



CERTIFICATE OF DEATH

 12082
 131
 Reg. Dist. No.

1. PLACE OF DEATH:

 County Frederick
 City or town Frederick-Rural R. F. D. #1
 (If outside city or town limits, write RURAL and give nearest town)

 How long in above place of death? 9 Hours
 Hospital, institution, or street address where death occurred:
Near Frederick

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

 (For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Frederick-Rural R. F. D. #1
 (If outside city or town limits, write RURAL and give nearest town)

 Street No. Groves
 (If rural, give LOCATION)
 2. (a) If veteran, name war None

3. (a) FULL NAME

JOHN AUSTIN CLARK

3. (b) Social Security Number

None

 4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced S

6. (b) Name of husband or wife

 T. Birth date of deceased (mo., day, yr.) April 21, 1922
 6. (c) If alive, give age years

 8. AGE: Years 24 Months 8 Days 2 If less than one day
 hrs. min.

 9. Birthplace Urbana-Frederick-Maryland
 (Town, county, and state)
10. Usual occupation Farmer

11. Industry or business

 12. Name Thomas Clark
 13. Birthplace Frederick County Maryland

 14. Maiden name Emma Hutchinson
 15. Birthplace Baltimore, Maryland

 16. Informant Thomas Clark
 Address R. F. D. #1, Frederick, Md.

 17. Burial 12/27/46
 (Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)
 Cemetery or crematory Mount Olivet Cemetery
Frederick, Maryland
 Location M. R. Etchison and Son

 18. Funeral director Frederick, Maryland
 Address

 19. 26 Dec 19 46 Elizabeth L. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

 20. DATE OF DEATH 24 December 19 46 at 1730 P.

 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
until 19..... to 19.....
 and that I last saw him alive on 24 December 19 46

 Immediate cause of death Carbon Monoxide Poisoning
 DURATION 9 hrs.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

 Accident, suicide, or homicide Suicide Date of 24 Dec 46
 Where did injury occur? in Frederick, Md. (City or town) (County) (State)

 Injured at home, farm, industry, public place (where?) in County road
 Means of injury Exhaust gas from car Injured at work? No

 23. SIGNATURE Charles H. Bailey, Jr. M.D.
Dep. Med. Exam. (City or town) (County) (State)
 Address Frederick, Md. Date signed 24 Dec 46

RECEIVED

DEC 27 1946

BUREAU

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12083

Reg. Dist. No. 1470

1. PLACE OF DEATH:

County... *Frederick*City or town... *Glenn Ford*
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?...

Hospital, institution, or street address where death occurred:

How long in hospital or institution?...

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... *Maryland* County... *Frederick*City or town... *Glenn Ford*
(If outside city or town limits, write RURAL and give nearest town)Street No. *P.O. Box 100* *Ind*
(If rural, give LOCATION)

2.(a) If veteran, name war...

3. (a) FULL NAME

Ciney Madora Clay

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

*deceased**Albert J. Clay*

7. Birth date of deceased (mo., day, yr.)

Feb 2, 1866

6. (c) If alive, give age... years

8. AGE:

Years

Months

Days

If less than one day

*80**10**11*

hrs.

min.

9. Birthplace

Montgomery Co. Md
(Town, county, and state)

10. Usual occupation

None

11. Industry or business

FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

MOTHER

16. Informant

Address

17. Burial

(Burial, cremation, or removal. Which?)

Cemetery or crematory

Location

18. Funeral director

Address

19. Dec. 14

19. 46

Registrar

Date rec'd by registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... *December 13* 19... *46* at *10:30 A* M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct. 10 19... *46* to *Dec 13* 19... *46*and that I last saw him alive on *Dec 13* 19... *46*

Immediate cause of death

Carcinoma of stomach

DURATION

3 mo

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Address

*Emmet P. Roof, Md.**Dec 13* 19... *46* Date signed *12-13-46*

RECEIVED

DEC 18 1946

BUREAU

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12084

CERTIFICATE OF DEATH

Reg. Dist. No. 1390

1. PLACE OF DEATH:

County Frederick
 City or town State Sanatorium, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Since 4/6/46
 Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
 How long in hospital or institution? Since 4/6/46

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Washington
 City or town Knoxville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Route #1
 (If rural, give LOCATION)
 2. (a) If veteran, name war ✓

3. (a) FULL NAME

Helen V. Cole

3. (b) Social Security Number

None

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband ~~DECEASED~~

Gilbert Cole

7. Birth date of deceased (mo., day, yr.)

June 1, 1918

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

28

6

13

.....hrs.min.

9. Birthplace

Brunswick, Md.

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

FATHER

12. Name

Stanley Virts

13. Birthplace

Maryland

MOTHER

14. Maiden name

Mazie Longbeam

15. Birthplace

West Virginia

16. Informant

Deceased

Address

Knoxville, Maryland

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof 12/17/46

(month) (day) (year)

Cemetery ~~XXXXX~~

Virts

Location

Sandy Hook, Maryland

18. Funeral director

Melvin Strider

Address

Charlestown, W. Va.

19.

12/14/46

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 14 19 46, at 5:40A M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 619 46, to Dec. 1419 46and that I last saw him/her alive on December 14 19 46

Immediate cause of death

Pulmonary Tuberculosis

DURATION

7 Yrs.~~MAX~~Laryngeal Tuberculosis9 Mos.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

J. A. LynnM. D. ~~DECEASED~~Address State Sanatorium, Md. Date signed 12/14/46

RECEIVED
DEC 16, 1946
BUREAU V E

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore *ma*

CERTIFICATE OF DEATH

★ 12085 *1380*
Reg. Dist. No.

1. PLACE OF DEATH:

County... *Frederick* *new Market*City or town.....
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? *60 yrs.*

Hospital, institution, or street address where death occurred:

How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... *Maryland* County... *Frederick*City or town... *new Market*
(If outside city or town limits, write RURAL and give nearest town)Street No.....
(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

Vernon Davis

3. (b) Social Security Number

None

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male *Black* *widowed.*6. (b) Name of husband or wife..... *Don't Know*7. Birth date of deceased (mo., day, yr.) *1857* 8. (c) If alive, give age..... years

8. AGE: Years Months Days If less than one day

about 89 hrs. min.9. Birthplace..... *Near new Market*
(Town, county, and state)10. Usual occupation..... *Laborer*11. Industry or business..... *doing Farm Work*12. Name..... *Richard Davis*13. Birthplace..... *Frederick Co. Md.*14. Maiden name..... *Don't Know*

15. Birthplace.....

16. Informant..... *Simpson Chapel Cemetery*
Address..... *George Davis* *Nephew* *Md.* *new Market*17. Burial (Burial, cremation, or removal. Which?) Date thereof..... *1-9-47*
(month) (day) (year)Cemetery or crematory..... *Simpson Chapel Cemetery*Location..... *new Market Md.*19. Funeral director..... *W. E. Falconer.*Address..... *new Market Md.*19. *Dec 31 46* *Lucian K. Falconer*
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... *Dec 30* 19. *46* at *3:30 A.*

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 20 19. *46* to *Dec 29* 19. *46*and that I last saw him alive on *Dec 29* 19. *46*Immediate cause of death..... *Fractured hip, rt**Due to fall*Due to..... *Also Arteriosclerosis*

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations..... *None*

Date of op.....

Autopsy results..... *None*

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... *Accident* Date of..... *Dec 30, 1946*Where did injury occur?..... *New Market* (City or town) *Frederick* (County) *Md* (State)Injured at home, farm, industry, public place (where?)..... *Home*Means of injury..... *Fell off Steps* Injured at work? *no*23. SIGNATURE..... *Donald J. Roy* *M.D.*Address..... *new Market* Date signed..... *Dec 30, 1946*

MARGIN RESERVED FOR BINDING

VS A15 9.45:15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JAN 4 1947

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1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 132

CERTIFICATE OF DEATH

12086

Reg. Dist. No. 1401

1. PLACE OF DEATH:

County Frederick
City or town Woodsboro
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 22 yrs
Hospital, institution, or street address where death occurred:
—
How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Woodsboro
(If outside city or town limits, write RURAL and give nearest town)
Street No. —
(If rural, give LOCATION)
2.(c) If veteran, name war —

3. (a) FULL NAME

Jeremiah Washington Styler

3. (b) Social Security Number

4. Sex M. 5. Color or race W. 6.(a) Single, married, widowed, or divorced Widower
6.(b) Name of husband or wife Fannie E. Warty
6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov. 8, 1859

8. AGE: Years 87 Months 1 Days 15 If less than one day — hrs. — min.

9. Birthplace near Woodsboro, Md.
(Town, county, and state)

10. Usual occupation Retired Farmer

11. Industry or business

FATHER 12. Name Geo. W. Styler
13. Birthplace Md.

MOTHER 14. Maiden name Margaret C. Albough
15. Birthplace Md.

16. Informant Geo. W. Styler
Address Woodsboro, Md.

17. Burial Burial Date thereof Dec. 26, 1946
(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Mt. Olivet
Location Frederick, Md.

18. Funeral director Revell & Hartley
Address Woodsboro, Md.

19. Dec 25 1946 L C Revell
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 23 December 19 46, at 3:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 19 46, to 23 Dec 19 46
and that I last saw him alive on 22 December 19 46

Immediate cause of death UREMIA DURATION 2 WEEKS

Due to CHRONIC VASCULAR 5-10 YEARS
NEPHRITIS

Due to ARTERIOLEAR SCLEROSIS 10 YEARS

Other conditions —

(Include pregnancy within 3 months of death)

Major findings of operations —

Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE James E. Stoner Jr M.D.

Address Wallerville, Md. Date signed 23 Dec 46

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 6 1947
BUREAU

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

12087

1. PLACE OF DEATH:

County Frederick

City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick City Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Frederick-Rural R. F. D. #3
(If outside city or town limits, write RURAL and give nearest town)

Street No. Pleasant Hill

(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME

HULDA ANN FEAGA

3. (b) Social Security Number

None

4. Sex <u>F</u>	5. Color or race <u>W</u>	6.(a) Single, married, widowed, or divorced <u>M</u>
--------------------	------------------------------	---

6.(b) Name of husband or wife U. Vernon Feaga

6.(c) If alive, give age 76 years

7. Birth date of deceased (mo., day, yr.) September 25, 1870

8. AGE:	Years <u>76</u>	Months <u>2</u>	Days <u>13</u>	It less than one dayhrs.min.
---------	--------------------	--------------------	-------------------	--

9. Birthplace Nr. Frederick-Frederick-Maryland

(Town, county, and state)

10. Usual occupation At Home

11. Industry or business

12. Name Cornelius Staley

13. Birthplace Frederick County Maryland

14. Maiden name Mary Measel

15. Birthplace Frederick County Maryland

16. Informant Mr. U. Vernon Feaga

Address R.F.D.#3, Frederick, Maryland

17. Burial 12/10/46
(Burial, cremation, or removal, which) (month) (day) (year)

Cemetery or crematory Mount Olivet Cemetery

Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. 9-Dec 1946 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 8th 1946 at 4:35A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1st 1945 to December 8th 1946

and that I last saw him alive on December 8th 1946

Immediate cause of death Colpitis of

Due to Divi

Due to Detumens

Other conditions 6 days

(Include pregnancy within 3 months of death)

Major findings of operations Detumens Date of op. 6 days

Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, till in the following:

Accident, suicide, or homicide Death of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frank H. Hedyn M. D.

Address Frederick, Maryland Date signed 12-9-46

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

DEC 10 1946

BUREAU V A

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12088

Reg. Dist. No. 1390

1. PLACE OF DEATH:

County... Frederick
 City or town... State Sanatorium
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Since August 5, 1946
 Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
 How long in hospital or institution? Since August 5, 1946

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State... Maryland County... Prince Georges
 City or town... Berwyn
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 9137 Baltimore Blvd.
 (If rural, give LOCATION)
 2.(a) If veteran, name war... ✓

3. (a) FULL NAME

RAYMOND J. FERRY

3. (b) Social Security Number

577-07-9764

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Divorced

6.(b) Name of husband or wife Adelaide Ferry6.(c) If alive, give age unknown years7. Birth date of deceased (mo., day, yr.) Nov. 5, 1999

8. AGE: Years 47 Months 1 Days 19 It less than one day
 hrs. min.

9. Birthplace Washington, D.C.
(Town, county, and state)10. Usual occupation Truck Driver

11. Industry or business

12. Name Joseph Ferry13. Birthplace Washington, D.C.14. Maiden name Mary Crystal15. Birthplace Washington, D.C.16. Informant DeceasedAddress unknown

17. Burial 12/28/46
 (Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)

Cemetery or crematory Prospect HillLocation Washington, D.C.18. Funeral director M. L. Creager and SonAddress Thurmont, Md.19. 12/24/46

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 24 19 46 at 1:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Aug. 5 19 46 to Dec. 24 19 46
 and that I last saw him alive on Dec. 24 19 46

Immediate cause of death

DURATION

PULMONARY TUBERCULOSIS22 mo.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. M. Kyin

M. D.

Address State Sanatorium, Md. Date signed 12/24/46

RECEIVED

DEC 26 1946

B REA T S

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12089
1310
Reg. Dist. No.

1. PLACE OF DEATH:

County FrederickCity or town Frederick-Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Emergency Hospital

How long in hospital or institution?

1 Week

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick-Rural R. F. D. #1
(If outside city or town limits, write RURAL and give nearest town)Street No. Near Pearl

(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME

JOHN THOMAS FITEZ

3. (b) Social Security Number

None4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced W6. (b) Name of husband or wife Rebecca Blackston8. (c) If alive, give age 46 yearsT. Birth date of deceased (mo., day, yr.) September 30, 18648. AGE: Years 82 Months 2 Days 17 If less than one day
.....hrs.min.9. Birthplace Johnsville-Frederick-Maryland
(Town, county, and state)10. Usual occupation Retired Farmer

11. Industry or business

12. Name George Fitez13. Birthplace Frederick County Maryland14. Maiden name Joanna Warfield15. Birthplace Frederick County Maryland16. Informant Mrs. Harry C. MossburgAddress R. F. D. #1, Frederick, Md.17. Burial Date thereof 12/20/46
(Burial, cremation, or removal. If cremation, (month) (day) (year))Cemetery or crematory Pipe Creek CemeteryLocation Near New Windsor, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 19 Dec 19 46 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 17, 1946 at 11:15 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 10 19 46 to Dec. 17 19 46
and that I last saw him alive on Dec. 17 19 46

Immediate cause of death

Cerebral Thrombosis

DURATION

1 monthDue to Arterio-sclerosis10 years

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE Bernard Thomas M. D.

M. D. or other

Address Frederick, Maryland Date signed 12-18-46

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

DEC. 23. 1946

BUREAU

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 163-H

CERTIFICATE OF DEATH

Reg. Dist. No. 12090 1310

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Lifetime

Hospital, institution, or street address where death occurred:

308 West Patrick Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. 308 West Patrick Street

(If rural, give LOCATION)

2.(a) If veteran, name war World War I

3.(a) FULL NAME

WILLIAM JENNINGS FOGLE

3.(b) Social Security Number

211-10-2132

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Married6.(b) Name of husband or wife Elsie M. Bealle Fogle6.(c) If alive, give age 44 years

7. Birth date of

deceased (mo., day, yr.)

April 9, 1898

8. AGE:

Years

Months

Days

If less than one day

4888

.....hrs.

.....min.

9. Birthplace Frederick, Maryland

(Town, county, and state)

10. Usual occupation Taxi Driver

11. Industry or business

MOTHER FATHER

12. Name Marshall Fogle13. Birthplace Frederick, Md.14. Maiden name Jennie Renner15. Birthplace Frederick, Md.16. Informant Mrs. William FogleAddress Frederick, Md.17. Burial Date thereof December 19, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director C. E. Cline & SonAddress Frederick, Maryland19. 18 Dec
(Date rec'd by registrar)1946Elizabeth G. Heck
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 17 19 46 at 9:00 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

neuro to 19
and that I last saw him alive on 17 Dec. 19 46

Immediate cause of death

poisoning, illuminating gas

DURATION

2 hrs.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide suicide Date of 17 Dec '46Where did injury occur? Frederick Fred. Md.
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) Home

Means of injury

Injured at work? No

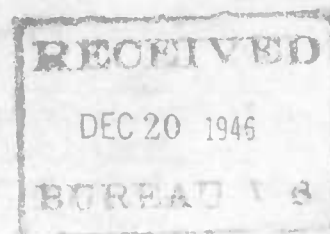
23. SIGNATURE

Charles H. Conley, Jr. M.D.
Deputy Med Exam M. D. or other
Address Frederick, Md. Date signed 18 Dec '46

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1869

CERTIFICATE OF DEATH

12091

Reg. Dist. No. 137

1. PLACE OF DEATH:

County Frederick
 City or town Union Bridge Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 7 years
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Union Bridge Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Chambersville
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

EMILY ELIZABETH FOX

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Henry R Fox 6.(c) If alive, give age 37 years
 7. Birth date of deceased (mo., day, yr.) Sept 16, 1916
 8. AGE: Years 30 Months 2 Days 24 hrs. min.

9. Birthplace Frederick Co. Maryland
 (Town, county, and state)
 10. Usual occupation Housewife
 11. Industry or business at home
 12. Name David Cashow
 13. Birthplace Maryland
 14. Maiden name Little
 15. Birthplace Maryland

16. Informant Henry R Fox
 Address Union Bridge Md R. 2
 17. Burial Date thereof Dec 12, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Pine Creek Cemetery
 Location Uniontown Road
 18. Funeral director D. S. Hartsch & Sons
 Address Union Bridge & New Windsor Md

19. Dec. 12 1946 Dr. P. Aufmann
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10 December 1946 at 9:15A M
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from NEVER 19 to 19
 and that I last saw him DEAD 10 DEC. 1946 19
 Immediate cause of death Multiple Fractures of Skull
 Due to Fall
 Due to
 Other conditions
 (Include pregnancy within 3 months of death)

DURATION

Instant

Major findings of operations
 Date of op.

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Accident Date of 10 Dec '46
 Where did injury occur? NR UNION BRIDGE FREDERICK Md.
 (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) FARM
 Means of injury FALL FROM BARN Injured at work? YES

23. SIGNATURE Charles H. Conley, Jr. M.D.
Deputy Med. Examiner D. or other
 Address Frederick, Md. Date signed 10 Dec 1946

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 13 1946
BUREAU V. A.

1-35

ANTHONY J. ...

... ..

... ..

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 950

CERTIFICATE OF DEATH

12092 1590
Reg. Dist. No.

1. PLACE OF DEATH:

County... Frederick Co.
 City or town... Johnsville Md
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 4 years
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State... Maryland County... Frederick
 City or town... Johnsville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Barbara Lauretta Graham

3. (b) Social Security Number

4. Sex

Female

5. Color or race

Wh.

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Amos Graham

7. Birth date of deceased (mo., day, yr.)

1855

8. AGE:

9168hrs.min.

9. Birthplace

Frederick Co. Md
(Town, county, and state)

10. Usual occupation

House Wife

11. Industry or business

MOTHER

12. Name

Frederick M. Dwyer

13. Birthplace

Unknown

14. Maiden name

Elizabeth Main

15. Birthplace

Unknown

16. Informant

Edgar Graham

Address

Chesboro, Pa.

17.

(Burial, cremation, or removal. Which?)

Date thereof

Dec 11-46
(month) (day) (year)

Cemetery or crematory

Bayne Dam

Location

Near Union Bridge, Md

18. Funeral director

Raymond K Wright

Address

Union Bridge, Md.

19.

(Date rec'd by registrar)

20.

46
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

Dec. 9 1946 at 12

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 1946 to Dec 9 1946
and that I last saw him alive on Dec 9 1946

Immediate cause of death

Coronary Artery Disease

DURATION

Other conditions

(Include pregnancy within 8 months of death)

Major findings at operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____

Injured at work? _____

23. SIGNATURE

J. H. Weston M.D.
Address Johnsville Date signed Dec 10

DEC 13 1946

BUREAU V. S.

1-30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1310

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick City HospitalHow long in hospital or institution? 2 Hours

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County FrederickCity or town Rural Middletown
(If outside city or town limits, write RURAL and give nearest town)Street No.
(If rural, give LOCATION)2(a) If veteran, name war WWI

3. (a) FULL NAME

Walty Keefer Grossnickle

3. (b) Social Security Number

no

4. Sex 5. Color or race 6. (a) Single; married, widowed, or divorced

Male White Married6. (b) Name of husband or wife Carrie W. Grossnickle6. (c) If alive, give age 66 years7. Birth date of deceased (mo., day, yr.) Dec. 1, 18778. AGE: Years Months Days If less than one day
69 0 20 hrs. min.8. Birthplace Myersville, Frederick Co., Md.
(Town, county, and state)10. Usual occupation Farmer

11. Industry or business

12. Name Peter Grossnickle13. Birthplace Myersville, Md.14. Maiden name Mary Harshman15. Birthplace Myersville, Md.16. Informant Carrie GrossnickleAddress Middletown, Md.17. Burial Date thereof 12-24-46
(Burial, cremation or removal, which?) (month) (day) (year)Cemetery or crematory Grossnickle CemeteryLocation Myersville, Md.18. Funeral director Oldhill Co.Address Middletown, Md.19. Dec 23, 1946 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 21 1946 at 7:45 P M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1942 1942 to Dec 21 1946
and that I last saw him alive on Dec 21 1946Immediate cause of death Chronic BronchitisDue to Cardiac insufficiencyDue to Diabetes MellitusOther conditions Diabetes Mellitus

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. Lawrence Jahany MD
M. D. or otherAddress Fredrick Md Date signed 12-21-46

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DEC 30 1946

BUREAU V B.

2-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore *BFA*

CERTIFICATE OF DEATH

Reg. Dist. No. *12094* *1310*

1. PLACE OF DEATH:

County *Frederick*

City or town *Walpersville*
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? *14 yrs*

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State *Maryland* County *Frederick*

City or town *Walpersville*
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Bora E Hardy

3. (b) Social Security Number

4. Sex *Female* 5. Color or race *W* 6. (a) Single, married, widowed, or divorced *Single*

6. (b) Name of husband or wife _____

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) *Jan 25 1874*

8. AGE: Years *72* Months *10* Days *9* It less than one day _____ hrs. _____ min.

9. Birthplace *Frederick County*
(Town, county, and state)

10. Usual occupation *Seamstress*

11. Industry or business _____

12. Name *Lewis D. Hardy*

13. Birthplace *Frederick County*

14. Maiden name *Ellen G. Barrick*

15. Birthplace *Frederick County*

16. Informant *Miss Bora Hardy*

Address *Walpersville*

17. *Burial* Date thereof *Dec. 7 1946*
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory *Glade*

Location *Walpersville Md*

18. Funeral director *G. C. Barton*

Address *Walpersville Md*

19. *6-Dec* 19*46* *Elizabeth G. Hoch*
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH *4 December* 19*46* at *11:30 p.m.*

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *3 January* 19*46* to *4 December* 19*46*
and that I last saw h. *E.R.* alive on *4 December* 19*46*

Immediate cause of death *Pulmonary edema, acute* DURATION *4 hours*

Due to *Hypertensive cardiovascular renal disease* *10 years*

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE *James E. Stoner Jr. MD* M. D. or other

Address *Walpersville Md* Date signed *6 Dec 46*

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

NAME OF DECEASED

DATE OF DEATH

PLACE OF DEATH

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DEC 7 1946

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1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

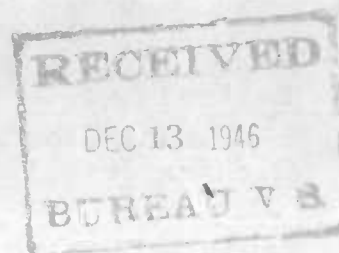
2411 N. Charles St., Baltimore 931

CERTIFICATE OF DEATH

12095

Reg. Dist. No. 1440

1. PLACE OF DEATH: County <u>Frederick</u> City or town <u>Thurmont</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? <u>2 yrs.</u> Hospital, institution, or street address where death occurred: How long in hospital or institution?				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State <u>Maryland</u> County <u>Frederick</u> City or town <u>Thurmont</u> (If outside city or town limits, write RURAL and give nearest town) Street No. <u>East Main</u> (If rural, give LOCATION) No 2.(a) If veteran, name war											
3. (a) FULL NAME <u>Lida S. Hendrickson.</u>				3. (b) Social Security Number <u>None.</u>											
4. Sex <u>Female</u>		5. Color or race <u>White</u>		6. (a) Single, married, widowed, or divorced <u>Widowed</u>											
6. (b) Name of husband or wife <u>John Hendrickson</u>				6. (c) If alive, give age years											
7. Birth date of deceased (mo., day, yr.) <u>June 30, 1875</u>				8. AGE: <table border="1"> <tr> <td>Years</td> <td>Months</td> <td>Days</td> <td>If less than one day</td> </tr> <tr> <td><u>71</u></td> <td><u>5</u></td> <td><u>9</u></td> <td>.....hrs.min.</td> </tr> </table>				Years	Months	Days	If less than one day	<u>71</u>	<u>5</u>	<u>9</u>hrs.min.
Years	Months	Days	If less than one day												
<u>71</u>	<u>5</u>	<u>9</u>hrs.min.												
9. Birthplace <u>Maryland</u> (Town, county, and state)				10. Usual occupation <u>Retired</u>											
11. Industry or business <u>Housewife</u>				12. Name <u>Richard Jewell</u>											
13. Birthplace <u>Maryland</u>				14. Maiden name <u>Annie E. Fowler</u>											
15. Birthplace <u>Maryland.</u>				16. Informant <u>Omer Hendrickson</u> Address <u>Thurmont, Md.</u>											
17. Burial (Burial, cremation, or removal. Which?) Cemetery or crematory <u>Blue Ridge</u> Location <u>Thurmont, Md.</u> 18. Funeral director <u>M. L. Creager & Son</u> Address <u>Thurmont, Md.</u>				19. Dec. 11 (Date rec'd by registrar)											
20. DATE OF DEATH <u>December 9</u> 19 <u>46</u> , at <u>2:00 P.</u> M.				21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <u>July 18</u> 19 <u>46</u> to <u>December 9</u> 19 <u>46</u> and that I last saw him alive on <u>December 9</u> 19 <u>46</u> . Immediate cause of death <u>Chronic myocarditis</u> ? DURATION											
22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury Injured at work?				23. SIGNATURE <u>M. Franklin Birch</u> M. D. or other Address <u>Thurmont, Md.</u> Date signed <u>Dec. 11, 1946</u>											



1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 176

CERTIFICATE OF DEATH

Reg. Dist. No. 12096 1390

1. PLACE OF DEATH:

County **Frederick**
 City or town **State Sanatorium, Maryland**
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? **Since 10/7/46**
 Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
 How long in hospital or institution? **Since 10/7/46**

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State **Maryland** County **Cecil**
 City or town **Elkton**
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. **308 Hollingsworth Manor**
 (If rural, give LOCATION)
 2. (a) If veteran, name war

3. (a) FULL NAME

Virginia Marjorie Hitchcock

3. (b) Social Security Number

None

4. Sex **Female** 5. Color or race **White** 6. (a) Single, married, widowed, or divorced **Married**
 6. (b) Name of husband ~~xxx~~ **Byron Hitchcock**
 6. (c) If alive, give age **25** years
 7. Birth date of deceased (mo., day, yr.) **March 27, 1926**
 8. AGE: Years **20** Months **8** Days **8** It less than one day
 hrs. min.

9. Birthplace **West Virginia**
 (Town, county, and state)
 10. Usual occupation **Housewife**
 11. Industry or business
 12. Name **John Lawson**
 13. Birthplace **Tennessee**
 14. Maiden name **Susie Stump**
 15. Birthplace **Tennessee**

16. Informant **Byron Hitchcock (Husband)**
 Address **308 Hollingsworth Manor, Elkton, Md.**
 17. **Buried** **12/8/46**
 (Burial, cremation, or removal. Which?) Date hereof (month) (day) (year)
 Cemetery or crematory **Newark Cemetery**
 Location **Newark, Del.**
 18. Funeral director **A.K. Coffman**
 Address **Hagerstown, Md.**
 19. **12/6/46** 19 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH **December 5** 19 **46** at **4:30 A.**
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **October 7** 19 **46** to **Dec. 5** 19 **46**
 and that I last saw him **er** alive on **December 5** 19 **46**

Immediate cause of death **Pulmonary Tuberculosis** DURATION **14 Mos.**

Due to
 Due to
 Other conditions
 (Include pregnancy within 8 months of death)

Major findings of operations
 Date of op.

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE **J. D. Lynn** M. D. **XXXX**
 Address **State Sanatorium, Md.** Date signed **12/5/46**

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 137

12097

1. PLACE OF DEATH:

County Frederick
 City or town Keymar
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Keymar Route 2
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. John H. Mullberg Road
 (If rural, give LOCATION)
 2(a) If veteran, name war

3. (a) FULL NAME

Hannah Elizabeth Hoffman

3. (b) Social Security Number

None

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female White Widowed6. (b) Name of husband or wife Jacob D. Hoffman

B. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 16, 1868

8. AGE: Years Months Days If less than one day

78 2 19 hrs. min.9. Birthplace Frederick Co. Maryland
(Town, county, and state)10. Usual occupation Housewife11. Industry or business at Home12. Name Jacob Smith13. Birthplace Maryland14. Maiden name Esther Whitman15. Birthplace Maryland16. Informant Mrs. Elsie L. DittmerAddress Keymar, Maryland Route 217. Burial Date thereof Dec 7, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Rocky Hill CemeteryLocation near Mullberg, Maryland18. Funeral director Daniel & HawthorthAddress Woodburn & Libertytown, Maryland19. Dec 7, 1946 Max A. Cushman
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 5, 1946 at 8:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 1946 to Feb 5, 1946and that I last saw him alive on Feb 4, 1946

Immediate cause of death

Coronary artery diseaseDue to arteriosclerosisDue to hypertension

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Max A. Cushman M. D. or otherAddress Keymar, Maryland Date signed Dec 7, 1946

121

*Mail to
Roth
J. Edgar Hoover
2111*

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DEC 13 1946
BUREAU V A

2-35

Handwritten signature

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The contest agent is especially important. Physicians: please write the causes of death clearly and legibly.

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JAN 6 1947
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1642)

CERTIFICATE OF DEATH

12099

Reg. Dist. No. 1310

1. PLACE OF DEATH:
 County... **Frederick**
 City or town... **Frederick (Rural)**
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? **Lifetime**
 Hospital, institution, or street address where death occurred:
Emergency Hospital
 How long in hospital or institution? **5 hours**

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State... **Maryland** County... **Frederick**
 City or town... **Frederick R.F.D. #4**
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war... **None**

3.(a) FULL NAME

William D. Jenkins

3.(b) Social Security Number

None

4. Sex **Male** 5. Color or race **White** 6.(a) Single, married, widowed, or divorced **Widowed**
 6.(b) Name of husband or wife **Mary Keller Jenkins**
 6.(c) If alive, give age years
 7. Birth date of deceased (mo., day, yr.) **? ? 1868**
 8. AGE: Years **78** Months **?** Days **?** If less than one day hrs. min.

9. Birthplace **Frederick County Maryland**
 (Town, county, and state)
 10. Usual occupation **Retired Carpenter**
 11. Industry or business
 12. Name **Grafton Jenkins**
 13. Birthplace **Frederick County Maryland**
 14. Maiden name **Janie Pearl**
 15. Birthplace **Frederick County Maryland**
 16. Informant **Records Emergency Hospital**
 Address **West of Frederick, Md.**
 17. Burial Date thereof **Dec. 13-1946**
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory **St. Paul Lutheran Cemetery**
 Location **Jefferson, Maryland**
C.E.Cline and Son
 18. Funeral director **Frederick, Maryland**
 Address
 19. **12 Dec** 19. **46** **Elizabeth V. Heck**
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... **December 10th** 19. **46** at **6:10p.** M
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
never 19. to 19.
 and that I last saw him alive on **10 Dec.** 19. **46**
 Immediate cause of death **Fractured Skull**
 DURATION **3 hrs.**

Due to
 Due to
 Other conditions
 (Include pregnancy within 8 months of death)

Major findings of operations Date of op.
 Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
 Accident, suicide, or homicide **Suicide** Date of **10 Dec. 1946**
 Where did injury occur? **W. Frederick Fred. Md.** (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) **Country Home**
 Means of injury **jumped from window** Injured at work? **No**
 23. SIGNATURE **Charles V. Corley, Jr. M.D.**
Dr. Fred. E. ... M. D. or other
 Address **Frederick, Md.** Date signed **12 Dec 46**

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

DEC 13 1946

BERKELEY 8

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(19) 5

CERTIFICATE OF DEATH

12100 1310
Reg. Dist. No.

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 3 months

Hospital, institution, or street address where death occurred:

708 North Market St.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Rural-Walkersville
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)2.(a) If veteran, name war None

3. (a) FULL NAME

CHARLES EDWARD JONES

3. (b) Social Security Number

None

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Divorced6. (b) Name of husband or wife Mary F. Rison

6. (c) If alive, give age _____ years

7. Birth date of

deceased (mo., day, yr.)

October 5, 1848

8. AGE:

Years

Months

Days

If less than one day

982

_____ hrs.

_____ min.

9. Birthplace

Virginia

(Town, county, and state)

10. Usual occupation

Retired Truck Farmer

11. Industry or business

MOTHER FATHER

12. Name

Unknown

13. Birthplace

"

14. Maiden name

Unknown

15. Birthplace

"

16. Informant

Allen B. Jones

Address

Frederick, Maryland

17.

Burial
(Burial, cremation, or removal. Which?)Date thereof Dec. 7, 1946
(month) (day) (year)

Cemetery or crematory

Mount Hope Cemetery

Location

Woodsboro, Maryland

16. Funeral director

C. E. Cline & Son

Address

Frederick, Maryland

19.

6-Dec
(Date rec'd by registrar)1946Elizabeth K. Heck
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 5, 1946 at 3:20 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
December 4, 1945 to December 5, 1946
and that I last saw him alive on December 4, 1946

Immediate cause of death

Chronic

Due to

Chronic Nephritis and Hypertension of Morte

Due to

Other conditions

Chronic Nephritis

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____

Injured at work? _____

23. SIGNATURE

Howard W. Cline M.D.
M. D. or other
Address Frederick, Md. Date signed 12-6-46

RECEIVED

DEC 9 1946

BUREAU 3

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (B-2)

CERTIFICATE OF DEATH

Reg. Dist. No. 144 0

12101

1. PLACE OF DEATH:

County FredrickCity or town Graceland
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 50 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FredrickCity or town Graceland
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)2.(a) If veteran, name war no

3. (a) FULL NAME

Lydia Ann Krom

3. (b) Social Security Number

none

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

John Henry Krom

B. (c) If alive, give age _____ years

7. Birth date of

deceased (mo., day, yr.)

January 2, 1851

8. AGE:

Years

Months

Days

If less than one day

951119

hrs.

min.

9. Birthplace

Thurmont, Fredrick Co., Md.
(Town, county, and state)

10. Usual occupation

Retired

11. Industry or business

Housewife

FATHER

12. Name

William H. Krom

13. Birthplace

Thurmont, Md.

MOTHER

14. Maiden name

Catherine H. Krom

15. Birthplace

Thurmont, Md.

18. Informant

Miss Helen Krom

Address

Graceland, Md.

17.

(Burial, cremation, or removal, Which?)

Date thereof

Dec. 24, 1946
(month) (day) (year)

Cemetery or crematory

United Brothers

Location

Thurmont, Md.

18. Funeral director

M. L. Crager & Son

Address

Thurmont, Md.

19.

(Date rec'd by registrar)

Dec. 231946Blanche S. Eyles

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 20, 1946 at 11:45 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 19 1946, to Dec 20 1946and that I last saw him alive on Dec 19 1946

Immediate cause of death

Chronic Myocarditis

DURATION

1 yr

Due to

Arterial Sclerosis10 yrs

Due to

Accidental fall

Other conditions

Shock from fracture20 days

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of December 20, 1946

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?) At homeMeans of injury Accidental fall

Injured at work?

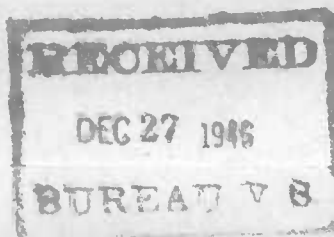
23. SIGNATURE

Egon G. Bury, M.D.

M. D. or other

Address

Thurmont, Md.Date signed 12/23/46



1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13102

CERTIFICATE OF DEATH

Reg. Dist. No. 1310

1. PLACE OF DEATH: Frederick
 County.....
 City or town.....
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 14 days
 Hospital, institution, or street address where death occurred:
Frederick City Hospital
 How long in hospital or institution? 14 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Montgomery
 City or town West Hempden - 9210
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name War..... none

3. (a) FULL NAME Mrs. Madeline Layton

3. (b) Social Security Number

none

4. Sex F 5. Color or race white 6. (a) Single, married, widowed, or divorced married
 6. (b) Name of husband or wife Daniel W. Layton
 6. (c) If alive, give age 50 years
 7. Birth date of deceased (mo., day, yr.) April 19 1894

8. AGE: Years 49 Months 7 Days 19 If less than one day
hrs.min.

9. Birthplace Montgomery County
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name R. F. Mullin

13. Birthplace Montgomery County

14. Maiden name Unknown

15. Birthplace Unknown

16. Informant Daniel W. Layton

Address Mt. Airy Rd. R. F. 103

17. Burial Date thereof Dec. 10, 1946
 (Burial, cremation, or removal. Whichever) (month) (day) (year)

Cemetery or place of interment Bethesda

Location Brownsville Frederick Co.

18. Funeral director A. M. Snyder

Address Mt. Airy

19. 9-Dec 19 46 Elizabeth L. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 8th 19 46, at 9 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 1 19 46, to Dec 8 19 46

and that I last saw him alive on Dec 8 19 46

Immediate cause of death.....

Cerebral thrombosis.

Due to.....

Due to Arteriosclerosis

Other conditions Chronic high blood pressure
(Arteriosclerosis)

(Include pregnancy within 8 months of death)

Major findings of operations none

..... Date of op.

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A. A. Carr, M.D.

Address Frederick Md Date signed 12/8/46

STANDARD FORM NO. 64

STANDARD FORM NO. 64

STANDARD FORM NO. 64

STANDARD FORM NO. 64

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DEC 10 1946

BUREAU

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 113-7

CERTIFICATE OF DEATH

Reg. Dist. No. 12103 7310

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 25 years
 Hospital, institution, or street address where death occurred:
25 East Fourth Street
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 25 East Fourth Street
 (If rural, give LOCATION) none
 2.(a) If veteran, name war

3. (a) FULL NAME

Edna Grace Mackley

3. (b) Social Security Number

none

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced M
 6.(b) Name of husband or wife John H. Mackley
 6.(c) If alive, give age 60 years
 7. Birth date of deceased (mo., day, yr.) September 17, 1886
 8. AGE: Years 60 Months 2 Days 19 If less than one day _____ hrs. _____ min.
 9. Birthplace Johnsville, Frederick, Maryland
 (Town, county, and state)
 10. Usual occupation at home

11. Industry or business

12. Name Samuel J. Crouse
 13. Birthplace Carroll County, Maryland
 14. Maiden name Matilda J. Shriner
 15. Birthplace Carroll County, Maryland
 16. Informant John H. Mackley
 Address Frederick, Maryland
 17. Burial Burial Date thereof 12/9/46
 (Burial, cremation, or removal, which?) (month) (day) (year)
 Cemetery or crematory Mt. Hope Cemetery
 Location Woodstock, Maryland
 18. Funeral director M. P. Etchison & Son
 Address Frederick, Maryland
 19. 7 Dec 1946
 (Date rec'd by registrar) Registrar Elizabeth Y. Hede

MEDICAL CERTIFICATION

20. DATE OF DEATH December 6th 1946 at 3 P ? M
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ to _____
 and that I last saw him or her DEAD December 6th 1946
 Immediate cause of death Poisoning - illuminating gas
 DURATION 1 hr. (?)
 Due to _____
 Due to _____
 Other conditions _____
 (Include pregnancy within 8 months of death)

Major findings of operations _____ Date of op. _____
 Autopsy results Poisoning - illuminating gas
 PHYSICIAN: Please underline the cause to which death should be charged statistically.
 22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Suicide Date of 6 Dec. 1946
 Where did injury occur? Frederick Frederick, Md.
 (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) Home
 Means of injury _____ Injured at work? _____
 Charles H. Conley, Jr. Deputy Medical Examiner
 23. SIGNATURE Charles H. Conley M. D. or other _____
 Address Frederick, Maryland Date signed 12-7-46

RECEIVED

DEC 10 1946

BUREAU V &

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 15-3

CERTIFICATE OF DEATH

Reg. Dist. No. 12101390

1. PLACE OF DEATH:

County **Frederick**
 City or town **State Sanatorium, Maryland**
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? **Since 11/19/46**
 Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
 How long in hospital or institution? **Since 11/19/46**

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State **Maryland** County _____
 City or town **Baltimore**
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. **1008 E. Federal St.**
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3.(a) FULL NAME

John McKittrick

3.(b) Social Security Number

575-03-6339

4. Sex **Male** 5. Color or race **White** 6.(a) Single, married, widowed, or divorced **Widower**
 6.(b) Name of husband or wife _____
 6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) **January 8, 1892**
 8. AGE: Years **54** Months **10** Days **24** It less than one day _____ hrs. _____ min.

9. Birthplace **Fayette County, Pennsylvania**
 (Town, county, and state)
 10. Usual occupation **Machinist**

11. Industry or business

Lawrence McKittrick
 12. Name
 13. Birthplace **Ireland**
 14. Maiden name **Elizabeth Kelley**
 15. Birthplace **Ireland**

16. Informant **Deceased**
 Address _____

17. **Unknown Burial** 12/4/46 **Unknown**
 (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)
 Cemetery or crematory **Holy Unknown Redeemer**
 Location **Unknown Baltimore, Md.**

18. Funeral director **M. L. Creager & Son**
 Address **Thurmont, Maryland**

19. **12/3/46** 19 _____
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH **December 2** 19 **46** at **6:45P.**

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **November 19** 19 **46** to **Dec. 2** 19 **46**
 and that I last saw him alive on **December 2** 19 **46**

Immediate cause of death **Pulmonary Tuberculosis**
 DURATION **8 Mos.**

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE **R. B. Sallis** M. D. **XXXX**

Address **State Sanatorium, Md.** Date signed **12/3/46**

RECEIVED

DEC 4 1945

BUREAU

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12105

Reg. Dist. No. 1310

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Lifetime
 Hospital, institution, or street address where death occurred:
510 Trail Avenue
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State md. County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 510 Trail Avenue
 (If rural, give LOCATION)
 2.(a) If veteran, name war none

3. (a) FULL NAME

Frances Ethetta Michael

3. (b) Social Security Number

none

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced married
 6. (b) Name of husband or wife Austin L. Michael
 6. (c) If alive, give age 66 years
 7. Birth date of deceased (mo., day, yr.) Sept. 19-1877
 8. AGE: Years 69 Months 3 Days 10 If less than one day
hrs. min.

9. Birthplace Frederick Co. Maryland
 (Town, county, and state)
 10. Usual occupation Housewife
 11. Industry or business Home
 12. Name Edward F. Ramsburg
 13. Birthplace Frederick Co. Md.
 14. Maiden name Ethetta J. Hargett
 15. Birthplace Frederick Co. Md.

16. Informant Austin L. Michael
 Address 510 Trail Ave. - Frederick - Md.
 17. Burial Date thereof 12-31-1946
 (Burial, cremation, or removal, which?) (month) (day) (year)
 Cemetery or crematory Mt. Olivet Cemetery
 Location Frederick - Md.
 18. Funeral director C. E. Clive and Son
 Address Frederick Md.
 19. 30 Dec 1946 Elizabeth G. Hack
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 29 1946 at 5 a. M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Dec. 29 1946 to Dec. 29 1946
 and that I last saw him alive on Dec. 29 1946
 Immediate cause of death
Cerebral thrombosis
 Due to Arteriosclerosis
Hypertension
 Other conditions Angina Pectoris
 (Include pregnancy within 3 months of death)
 Major findings of operations none
 Date of op.
 Autopsy results none
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide. Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?
 23. SIGNATURE A. A. Pearre, M.D.
 Address Frederick, Md. M. D. or other 12/30/46
 Date signed

RECEIVED

JAN 7 1947

BUREAU

1-35

H. A. A. Proulx

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 46P 1

CERTIFICATE OF DEATH

12106

Reg. Dist. No. 1310

1. PLACE OF DEATH: *Frederick*
County.....
City or town.....
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?.....
Hospital, institution, or street address where death occurred: *Frederick City Hospital*
How long in hospital or institution?..... *5 Days*

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State..... *Maryland* County..... *Frederick*
City or town..... *New market* Md.
(If outside city or town limits, write RURAL and give nearest town)
Street No.....
(If rural, give LOCATION)
2.(a) If veteran, name war.....

3. (a) FULL NAME *Mrs. Annie V. Marsell*

3. (b) Social Security Number

4. Sex *Female* 5. Color or race *white* 6. (a) Single, married, widowed, or divorced *widowed*
8. (b) Name of husband or wife *William P. Marsell*

7. Birth date of deceased (mo., day, yr.) *March 16 - 1869* 6. (c) If alive, give age..... years

8. AGE: Years *77* Months *9* Days *12* If less than one day..... hrs. min.

9. Birthplace *Frederick Co. Md.*
(Town, county, and state)

10. Usual occupation *Retired house wife*

11. Industry or business

12. Name *William H. Howard*

13. Birthplace *Frederick Co.*

14. Maiden name *Ellen R. Culler*

15. Birthplace *Frederick Co.*

16. Informant *Mrs. Lester Mainhart*

Address *New Market. Frederick Co Md*

17. *Burial* Date thereof *Dec. 30 - 1946*
(Burial, cremation, or disposal) (month) (day) (year)

Cemetery or crematorium *Mt. Olivet Cemetery*

Location *Frederick Md*

18. Funeral director *C. E. Clipse & Son*

Address *Frederick Maryland*

19. *28 Dec. 1946* *Elizabeth G. Heck*
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH *Dec. 28* 19 *46* at *8 A* M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *Oct 29* 19 *46* to *Dec 28* 19 *46*

and that I last saw her alive on *Dec 28* 19 *46*

Immediate cause of death.....

Carcinoma of Stomach

Due to.....

Due to.....

Other conditions *Exhaustion*

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of Injury..... Injured at work?

23. SIGNATURE *H Lawrence Fakhury MD* M. D. or other

Address *Frederick Md* Date signed *12-28-46*

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

DEC 31 1946

BREATH V S

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 107

CERTIFICATE OF DEATH

12107

★ Reg. Dist. No. 1310

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick City Hospital

How long in hospital or institution?

5 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Frederick
 City or town Rural Middletown
 (If outside city or town limits, write RURAL and give nearest town)

Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Clark C. Moser

3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male white Married

6. (b) Name of husband or wife Hulda E. Moser6. (c) If alive, give age 31 years7. Birth date of deceased (mo., day, yr.) May 24, 1911

8. AGE: Years 35 Months 6 Days 6 If less than one day _____ hrs. _____ min.

9. Birthplace Middletown Frederick Co., Md.
 (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

12. Name Alpha T. Moser
 13. Birthplace Middletown, Md.

14. Maiden name Ella Compher
 15. Birthplace Burkittsville, Md.

16. Informant Hulda E. MoserAddress Middletown, Md.

17. Burial Date thereof 12-13-46
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Pleasant View Cemetery
 Location Burkittsville, Md.

18. Funeral director Bladhill Co.Address Middletown, Md.

19. 12 Dec 1946 Elizabeth G. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 10 1946 at 5 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov 26 1946 to Dec 10 1946
 and that I last saw him alive on Dec 10 1946

Immediate cause of death

Bronchitis Pneumonia
(virus)

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____

Injured at work? _____

23. SIGNATURE

E. G. Harp M. D. or other _____
 Address Middletown Date signed 12-11-46

DURATION

2 wks.

RECEIVED

DEC 19 1946

STANDARD

2-35

Evidenced for the change of
age is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

FILE No. 108 DEC 11 1946

1. PLACE OF DEATH:

County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:
Frederick City Hospital
Since November 11, 1946

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No. 132 West Third Street
(If rural, give LOCATION)
2.(a) If veteran, name war None

3. (a) FULL NAME

MAURICE ELMER MOTTERN

3. (b) Social Security Number

None

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced D

6. (b) Name of husband or wife Florence Poole
6. (c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) July 13, 1868

8. AGE: Years 78 Months 4 Days 20 If less than one day
hrs. min.

9. Birthplace Nr. Middletown-Frederick-Maryland
(Town, county, and state)
10. Usual occupation Operated Saw Mills

11. Industry or business

FATHER 12. Name Robert Mottern
13. Birthplace Frederick County Maryland

MOTHER 14. Maiden name Sarah Shaffer
15. Birthplace Frederick County Maryland

16. Informant Mrs. Ethel Pickett
Address 132 W. 3rd St., Frederick, Md.

17. Burial Burial Date thereof 12/5/46
(Burial, cremation, or removal, which) (month) (day) (year)
Cemetery or crematory Mount Olivet Cemetery
Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son
Address Frederick, Maryland

19. 4 December 1946 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 3, 1946 at 1:15 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Sept 1st 46 to Dec 3rd 46
and that I last saw him alive on December 3rd 1946
Immediate cause of death Cerebral DURATION

Legionnaire's
Metastasis in lungs
Due to
Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations
Date of op.

Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frank H. Hegger M. D.
Address Frederick, Maryland Date signed 12-4-46

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

DEC 6 1946

BUREAU

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

CERTIFICATE OF DEATH

Reg. Dist. No.

12109

1470

1. PLACE OF DEATH:

County FrederickCity or town Mt. Airy
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)

State Maryland County FrederickCity or town Mt. Airy
(If outside city or town limits, write RURAL and give nearest town)Street No. 1411 St.
(If rural, give LOCATION)

2(a) If veteran, name war

3. (a) FULL NAME

BERTHA CLARA MOUNT

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Albert N. Mount

7. Birth date of deceased (mo., day, yr.)

Oct. 25, 1866

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

80128

hrs.

min.

9. Birthplace Montgomery Co. Md.
(Town, county, and state)

10. Usual occupation

None

11. Industry or business

FATHER

12. Name

13. Birthplace

MOTHER

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 23, 1946 at 2:25 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

October 4, 1946 to Dec 23, 1946and that I last saw her alive on December 22, 1946Immediate cause of death Toxemia

DURATION

10 da

Due to

Pyelo cystitis10 da

Due to

Other conditions

Chr. Myocarditis6 yrsBronchitis20 yrs

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Address Metairie - Md. Date signed 12/24/46

RECEIVED

DEC 27 1946

BUREAU V 8

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1172

CERTIFICATE OF DEATH

Reg. Dist. No. 1310

12110

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 days
 Hospital, institution or street address where death occurred
Frederick City Hospital
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother) FREDERICK H.
 State MD County CARROLL
 City or town NEW MARKET
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

KINDLEY - MURRAY

3. (b) Social Security Number

None

4. Sex

MALE

5. Color or race

White

6. (a) Single, married, widowed, or divorced

MARRIED6. (b) Name of husband or wife EDITH KINDLEY8. (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.)

April 10, 1883

8. AGE:

Years

Months

Days

If less than one day

63722

hrs.

min.

9. Birthplace Frederick Co. Md.

(Town, county, and state)

10. Usual occupation Retired11. Industry or business School Bus Operator12. Name J. Newton Kindley13. Birthplace MARYLAND14. Maiden name Nellie B. Norris15. Birthplace MARYLAND16. Informant Mrs. Edith Kindley

Address

New Market, Md17. BURIAL Date thereof 12-4-46

(Burial, cremation, or removal, which?)

(month) (day) (year)

Cemetery or crematory

Providence

Location

Remptown, Maryland18. Funeral director C. M. Waltz

Address

Winfield, Md.19. 3 Dec 19 46

(Date rec'd by registrar)

Elizabeth G. Heck

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH DEC 2 19 46 at 12:30P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19 _____ to 19 _____

and that I last saw him _____ alive on 19 _____

Immediate cause of death

Perforated Sigmoid Ulcer

DURATION

2 days

Due to

Due to

Other conditions

Lobar Pneumonia3 days

(Include pregnancy within 3 months of death)

Major findings of operations

None

Date of op.

Autopsy results

None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide _____ Date of _____

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

A. A. Pearce, M.D.

M. D. or other

Address

Frederick, Md

Date signed

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

ARTESIAN CENTER

FRAG CONTENT

RECEIVED

DEC 6 1946

BORLAND 3

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1312)

CERTIFICATE OF DEATH

12111

Reg. Dist. No. 1310

1. PLACE OF DEATH:

County Frederick
City or town Walpersville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 50 yrs
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Walpersville
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2. (a) If veteran, name war _____

3. (a) FULL NAME

Charles M. Myers

3. (b) Social Security Number

4. Sex Male 5. Color or race W 6. (a) Single, married, widowed, or divorced married
6. (b) Name of husband or wife Susan E. Bishop
7. Birth date of deceased (mo., day, yr.) Jan 3 1865 6. (c) If alive, give age 78 years
8. AGE: Years 81 Months 12 Days 6 It less than one day _____ hrs. _____ min.

9. Birthplace Frederick County
(Town, county, and state)
10. Usual occupation General Produce Business
11. Industry or business _____

FATHER 12. Name Christian H. Myers
13. Birthplace Pennsylvania
MOTHER 14. Maiden name Barbara E. Zimmerman
15. Birthplace Frederick County

16. Informant Mrs. Susan Myers
Address Walpersville Md

17. Burial Date thereof 12-11-1946
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Mt Hope
Location Woodsboro

18. Funeral director E. C. Barta
Address Walpersville Md

19. 10-10 19 46
(Date rec'd by registrar) Registrar Elizabeth Heck

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-9- 19 46 at 5.0 M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1940 to 12-9- 19 46
and that I last saw him alive on 12-9- 19 46

Immediate cause of death Cerebral Embolus
Due to Arterio-sclerosis
Due to Nephritis
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide _____ Date of _____
Where did injury occur? _____ (City or town) _____ (County) _____ (State)
Injured at home, farm, industry, public place (where?) _____
Means of injury _____ Injured at work?

23. SIGNATURE U. G. Bourne Sr. M. D. or other
Address Frederick Md Date signed 12/10/46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

RECEIVED

DEC 11 1946

BUREAU 3

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

CERTIFICATE OF DEATH

12112

Reg. Dist. No. 1370

1. PLACE OF DEATH:

County Frederick
 City or town Liberty town
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Liberty town
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (a) FULL NAME

Stephen Gerard Myers

3. (b) Social Security Number

4. Sex M. 5. Color or race W. 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Norma Luther

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Oct. 28, 19048. AGE: Years 42 Months 1 Days 16 If less than one day _____ hrs. _____ min.9. Birthplace Liberty town
(Town, county, and state)10. Usual occupation Mechanic11. Industry or business Automobile12. Name Stephen G. Myers13. Birthplace Liberty town, Md.14. Maiden name Addie B. Davis15. Birthplace Liberty town, Md.16. Informant J. Gould MyersAddress Liberty town, Md.17. Burial (Burial, cremation, or removal, which?) Burial Date thereof Dec. 17, 1946
(month) (day) (year)Cemetery or crematory Union ChapelLocation Liberty town, Md.18. Funeral director Bowler & HartzlerAddress 2 Woodsboro, Md.19. (Date rec'd by registrar) Dec 16, 1946 Registrar Dr. C. C. ...

MEDICAL CERTIFICATION

20. DATE OF DEATH 14 December 1946, at 5:30 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19 and that I last saw him alive on 14 December 1946Immediate cause of death Diabetic Coma DURATION 24 hrs. (?)Due to Diabetes mellitus 5 yrs. (?)

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____ PHYSICIAN: Please underline the cause to which death should be charged statistically.

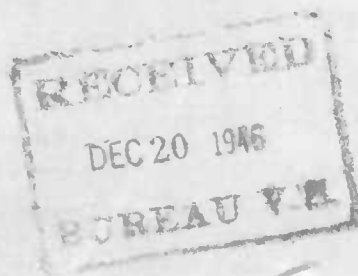
22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Charles H. Conley, Jr., M.D. Deputy Med Examiner M.D. or otherAddress Frederick, Md. Date signed 14 Dec 1946



1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 108

CERTIFICATE OF DEATH

12113

Reg. Dist. No. 1410

1. PLACE OF DEATH:

County Frederick

City or town Brunswick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 11 months

Hospital, institution, or street address where death occurred:
409 Brunswick Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Brunswick
(If outside city or town limits, write RURAL and give nearest town)

Street No. 409 Brunswick St.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

William Litten Myers.

3. (b) Social Security Number

4. Sex M 5. Color or race W 6.(a) Single, married, widowed, or divorced

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Jan. 11, 1946 8.(c) If alive, give age years

8. AGE: Years 11 Months 1 Days 1 If less than one day hrs. min.

9. Birthplace Brunswick, Fred Co., Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name James B. Myers Jr.

13. Birthplace Brunswick Maryland

14. Maiden name Anna Lucille Litten

15. Birthplace Keyser, W. Virginia

16. Informant James B. Myers Jr.

Address 409 Brunswick St. Brunswick Md.

17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof Dec. 14, 1946
(month) (day) (year)

Cemetery or crematory Parks Heights

Location Brunswick Maryland

18. Funeral director Jesse S. Dailey

Address 320 W. Potomac St. Brunswick

19. 12-13 1946 Eugenia St. Burke
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 12 1946, at 9 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 12 1946 to Dec 12 1946

and that I last saw him alive on Dec 11 1946

Immediate cause of death Pneumonia

Due to Lobar

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [Signature] M. D. or other

Address [Signature] Date signed 12/13/46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MASSACHUSETTS DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED

DEC 18 1946

BUREAU 18

1-55-

RECEIVED

DEC 7 1946

BUREAU 3

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1310

1. PLACE OF DEATH:

County FredrickCity or town Fredrick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 4 hrs

Hospital, institution, or street address where death occurred:

Fredrick City HospitalHow long in hospital or institution? 4 hrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County MontgCity or town Clarksburg
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Mrs Alvin Pearre

3. (b) Social Security Number

4. Sex

F

5. Color or race

White Married

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

Wm H Pearre

7. Birth date of

deceased (mo., day, yr.)

Feb 29 - 18926. (c) If alive, give age 58 years

8. AGE:

Years 54 Months 9 Days 28 hrs. _____ min.

9. Birthplace

Taylorstown, Va
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

12. Name Willard E Hickmon

13. Birthplace

Va

14. Maiden name

Sallie Spring

15. Birthplace

Va.

16. Informant

Wm H Pearre

Address

Clarksburg, Md

17. Burial

(Burial, cremation, or other) Methodist Date thereof Dec 30 1946
(month) (day) (year)

Cemetery or crematory

Clarksburg, Md

Location

William B Hilton

18. Funeral director

Address Barnesville Md19. 28 Dec 1946

(Date rec'd by registrar)

Registrar Elizabeth E Heck

MEDICAL CERTIFICATION

2D. DATE OF DEATH Dec. 27 1946 at 10 30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 27 1946 to Dec. 27 1946and that I last saw him alive on Dec. 27 1946

Immediate cause of death

Acute Coronary Thrombosis

DURATION

9 hrs

Due to

Due to

Other conditions

Plenty

(Include pregnancy within 3 months of death)

Major findings of operations NoneNoneAutopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of Injury _____ Injured at work? _____

23. SIGNATURE

A. A. Pearre, M.D.
Fredrick, Md. M. D. or other _____
Address _____ Date signed 12/27/46

RECEIVED

DEC 31 1946

STREETS

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 552 X

CERTIFICATE OF DEATH



12116

1310

Reg. Dist. No.

1. PLACE OF DEATH:

County Frederick
 City or town Frederick-Rural R. F. D. #1
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 Year

Hospital, institution, or street address where death occurred:

Near Frederick

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Frederick-Rural R. F. D. #1
 (If outside city or town limits, write RURAL and give nearest town)

Street No. Near Frederick

(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME

ALTA I. PUTMAN

3. (b) Social Security Number

None

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced M

6. (b) Name of husband or wife Roy G. Putman6. (c) If alive, give age 64 years7. Birth date of deceased (mo., day, yr.) December 31, 1891

8. AGE: Years 54 Months 11 Days 27 If less than one day
 hrs. min.

9. Birthplace Mt. Pleasant-Frederick-Maryland
 (Town, county, and state)

10. Usual occupation At Home

11. Industry or business

12. Name William F. Duvall
 13. Birthplace Frederick County Maryland

14. Maiden name Minnie Kemp
 15. Birthplace Frederick County Maryland

16. Informant Roy G. Putman
 Address R. F. D. #1, Frederick, Maryland

17. Burial Date thereof 12/30/46
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mount Olivet Cemetery
Frederick, Maryland

Location M. R. Etchison and Son
Frederick, Maryland

18. Funeral director Elizabeth G. Heck
 Address 30 - Dec 1946
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 28 1946 at 3:30A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
June 10 1940 to Dec 28 1946
 and that I last saw him alive on Dec. 27 1946

Immediate cause of death Carcinoma of Spleen
 DURATION 6 yrs

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE M. D.
 M. D. or other

Address Frederick Md Date signed 12/28/46

RECEIVED

DEC 31 1946

BUREAU 3

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

CERTIFICATE OF DEATH

 12117
 Reg. Dist. No. 1380

1. PLACE OF DEATH

 County Frederick
 City or town Rural Newmarket
 (If outside city or town limits, write RURAL and give nearest town)

 How long in above place of death? 3 yrs.
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... County.....

City or town.....
(If outside city or town limits, write RURAL and give nearest town)Street No.....
(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

Ara Pearl Remsburg

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married6.(b) Name of husband or wife Jacob M. Remsburg7. Birth date of deceased (mo., day, yr.) April 25 1875 6.(c) If alive, give age 62 years8. AGE: Years 60 Months 7 Days 11 If less than one day.....hrs.min.9. Birthplace.....
(Town, county, and state)

10. Usual occupation.....

11. Industry or business.....

12. Name William Arnold13. Birthplace Maryland14. Maiden name Rattle Park15. Birthplace Maryland16. Informant Jacob M. RemsburgAddress Mt. Airy Md.17. Burial Date thereof Dec 5 1946
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory LutheranLocation Middlebrook Md.18. Funeral director C. H. Tuttle, Jr.Address Brunswick Md.19. Dec 2 1946 Lucian H. Falconer
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 1 1946 at 9 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 30 1946 to Dec 1 1946 and that I last saw her alive on Dec 1946Immediate cause of death Cerebral Thrombosis DURATION 2 daysDue to Arteriosclerotic heartDue to disease

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations None

Date of op.

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

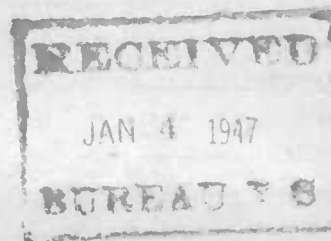
Accident, suicide, or homicide..... Date of.....

Where did injury occur?.....
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE D. Donald & Reg. M.D. M. I. or otherAddress New Market Md. Date signed Dec 2, 1946



2-35

STATE OF MARYLAND—CERTIFICATE OF DEATH

12118

1. PLACE OF DEATH

County FrederickRegistration Dist. No. 1310Village or City Frederick, Md.No. Frederick City Hospital Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred _____ yrs. _____ mos. 7 ds. How long in U.S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Abijah Seal
Big Seal

If U.S. Veteran specify WAR _____

(a) Residence: No. R. F. D. Gaithersburg St. _____ Ward. _____

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED,

OR DIVORCED (Write the word)Married

5a. If married, widowed, or divorced

HUSBAND or
(or) WIFE ofAmanda Seal

6. DATE OF BIRTH (month, day, and year)

9 Sept 1887

7. AGE

Years

65

Months

2

Days

26

If LESS than

1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.Farmer10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town) _____
(State or country) Tenn.

FATHER

13. NAME

14. BIRTHPLACE (city or town) _____
(State or country) Tenn.

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) _____
(State or country) Tenn.

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19. UNDERTAKER

(Address)

20. FILED

5 Dec1946Elizabeth G. Hecker

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

December446

(Month)

(Day)

(Year)

22.

I HEREBY CERTIFY, That I attended deceased from

January, 1935, to December 4, 1946I last saw him alive on December 3, 1946; death is saidto have occurred on the date stated above, at 3:15AMThe PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Cardio-vascular-renal disease 1931Hypertensive heart disease 1936with chronic nephritis(terminal uremia)Left hemiplegia 6 mos. ago

Other Contributory Causes of Importance:

Name of operation

Date of

What test confirmed diagnosis? Lab.

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

W. M. Anderson Boyer

M. D.

(Address) Damascus, Maryland

MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>

Other contributory causes of importance:

<i>Gallstones</i>	<i>May 1, 1923</i>
-------------------	--------------------

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
<i>Attack of epilepsy</i>	<i>DEC 9 1916</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>

Other contributory causes of importance:

<i>Gastroenteritis</i>	<i>1 year</i>
------------------------	---------------

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Correct name

: Abigail Seal.

Evidence for the change of
age is shown on

G 108 2/12/47

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

12119
1310

1. PLACE OF DEATH:

County Frederick

City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 20 Years

Hospital, institution, or street address where death occurred:
185 West All Saint Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Frederick

City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

Street No. 185 West All Saint Street
(If rural, give LOCATION)

2. (a) If veteran, name war None

3. (a) FULL NAME

WILLIAM PATRICK SEWELL

3. (b) Social Security Number

None

4. Sex M 5. Color or race C 6. (a) Single, married, widowed, or divorced M

6. (b) Name of husband or wife Lee Virginia Littles

6. (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) March 15, 1871

8. AGE: Years 75 64 Months 8 Days 26 If less than one day

hrs. min.

9. Birthplace Frederick County Maryland
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

12. Name Basil Sewell

13. Birthplace Frederick County Maryland

14. Maiden name Harriett Stewart

15. Birthplace Frederick County Maryland

16. Informant Mrs. William P. Sewell

Address 185 W. All Saint St., Frederick, Md.

17. Burial Burial Date thereof 12/13/46
(Burial, cremation, or removal) (month) (day) (year)

Cemetery or crematory Simpsons Chapel Cemetery

Location New Market, Maryland

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. 11 Dec 1946 Elizabeth E. Hech
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 10, 1946 at 6:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 4th 1946, to Dec 10 1946

and that I last saw him alive on Dec 10th 1946

Immediate cause of death Cerebral Haemorrhage DURATION 7 days

Due to

Due to My potentiation

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE U. G. Borne, Jr. M. D.

Address Frederick, Md. Date signed 12/10/46

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

DEC 12 1946

B. H. A. 8

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12120

Reg. Dist. No.

1. PLACE OF DEATH:

County Fredrick
 City or town Rural, Emmitsburg, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 years
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Fredrick
 City or town Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Emmitsburg R.D.#3
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Olley Emma Grace Sheeley

3. (b) Social Security Number

4. Sex Fm 5. Color or race white 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Oliver Sheeley
 6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) November 17, 1878
 8. AGE: Years 68 Months - Days 17 If less than one day _____ hrs. _____ min.

9. Birthplace Adams Co, Pa.
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Samuel Wetzell
 13. Birthplace Unknown

MOTHER 14. Maiden name Hettie Martha Baker
 15. Birthplace Unknown

16. Informant Mabel L Sheeley
 Address Emmitsburg, Md. R.D.#3

17. burial Date thereof Dec 7, 1946
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Mt View

Location Emmitsburg, Md.

18. Funeral director L. L. Allison
 Address Emmitsburg Md.

19. Dec 6, 1946 M. R. Shuff
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 4 1946 at 7:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 46 to Dec 4 1946 and that I last saw him alive on Dec 3 1946

Immediate cause of death Chronic myocarditis DURATION 2 years

Due to arteriosclerotic cardio vascular disease - several years

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE H. R. Cadle M.D. M. D. or other
 Address Emmitsburg Md Date signed 12-6-46

RECEIVED

DEC 10 1946

BUREAU V.S.

1-35

ARTISTIAN LETTER

NO. 100 CONTENT

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

12121

Reg. Dist. No. 1310

1. PLACE OF DEATH:

County FrederickCity or town Frederick Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

MontervueHow long in hospital or institution? 14 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County FrederickCity or town Middletown
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)2.(a) If veteran, name war no

3. (a) FULL NAME

Lola V. Smith

3. (b) Social Security Number

no

4. Sex 5. Color or race 6.(a) Single, married, or divorced

Female white single

6.(b) Name of husband or wife

6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) March 9, 18888. AGE: Years Months Days If less than one day
58 9 11 _____ hrs. _____ min.9. Birthplace Middletown Frederick Co., Md.
(Town, county, and state)10. Usual occupation Housekeeper

11. Industry or business

12. Name Josiah D.W. Smith13. Birthplace Middletown, Md.14. Maiden name Laura Wilson15. Birthplace Middletown, Md.16. Informant Montervue HospitalAddress Frederick, Md.17. Burial Date thereof 1-2-47
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Reform CemeteryLocation Middletown, Md.18. Funeral director Bladhill Co.Address Middletown, Md.19. Jan 2 1947 Elizabeth G. Heeb.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 30, 1946 at 5:00 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Jan. 1, 1946 to Dec. 30, 1946
and that I last saw him/her alive on Dec. 29, 1946Immediate cause of death Coronary Thrombosis

DURATION

2 days

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause in which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Bernard Hanna M.D.
M. D. or otherAddress Frederick, Md. Date signed Dec. 30, 1946

RECEIVED

JAN 3 1947

BUREAU V B

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12122

Reg. Dist. No. 1310

1. PLACE OF DEATH:

County... FrederickCity or town... Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 20 years

Hospital, institution, or street address where death occurred:

231 Dill Avenue

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... FrederickCity or town... Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. 231 Dill Avenue
(If rural, give LOCATION)2.(a) If veteran, name war... None

3. (a) FULL NAME

MARY C. E. SMITH

3. (b) Social Security Number

None

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

FemaleWhiteWidowed

6. (b) Name of husband or wife

5. (c) If alive, give age... years

7. Birth date of deceased (mo., day, yr.) January 23, 18708. AGE: Years Months Days if less than one day
76 10 24 hrs. min.9. Birthplace... McKaig, Frederick County, Md.
(Town, county, and state)10. Usual occupation... Housewife

11. Industry or business

12. Name... William H. Krantz13. Birthplace... Frederick County, Maryland14. Maiden name... Alice Bayer Krantz15. Birthplace... Frederick County, Maryland16. Informant... Mr. Russell SmithAddress... Frederick, Maryland17. Burial Date thereof... December 20, 1946
(Burial, examination, or removal. Which?) (month) (day) (year)Cemetery or crematory... Mount Olivet CemeteryLocation... Frederick, Maryland18. Funeral director... C. E. Cline & SonAddress... Frederick, Maryland19. 18 Dec 1946
(Date rec'd by registrar)Elizabeth G. Tech
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... December 17 1946 at 7:00 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
1 November 1946 to 17 Dec. 1946
and that I last saw her alive on 17 December 1946

Immediate cause of death

Acute pulmonary edema

DURATION

5 hrs.Due to... Hypertensive Heart Disease10 yrs.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Charles H. Conley, M.D.
Address... Frederick, Md Date signed 18 Dec 46

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

RECEIVED

DEC 20 1946

BUREAU 18

1-35-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

12567

Reg. Dist. No. 1310

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 16 Months
 Hospital, institution, or street address where death occurred:
Frederick City Hospital
 How long in hospital or institution? 3 Hours

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 20 West 12th Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3. (a) FULL NAME

CHARLES MICHAEL SOUDER

3. (b) Social Security Number

None

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced M
 B. (b) Name of husband or wife Dora V. Titus
 6. (c) If alive, give age 66 years
 7. Birth date of deceased (mo., day, yr.) July 28, 1875
 8. AGE: Years 71 Months 5 Days 2 It less than one day
hrs.min.

9. Birthplace Lovettsville-Loudoun-Virginia
 (Town, county, and state)

10. Usual occupation Retired Farmer

11. Industry or business

FATHER 12. Name John W. Souder
 13. Birthplace Loudoun County Virginia
 MOTHER 14. Maiden name Susan James
 15. Birthplace Loudoun County Virginia

16. Informant Mrs. Dora Souder
 Address 20 W. 12 St., Frederick, Md.

17. Burial Date thereof 1/2/47
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Union Cemetery
 Location Lovettsville, Virginia

18. Funeral director M. R. Etchison and Son
 Address Frederick, Maryland

19. 31 Dec 19 46 Elizabeth G. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 30 19 46 at 5 30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 30 19 46 to Dec 30 19 46
 and that I last saw him alive on Dec 30 19 46

Immediate cause of death Coronary Thrombosis DURATION 3 hrs

Due to.....
 Due to.....

Other conditions.....
 (Include pregnancy within 8 months of death)

Major findings of operations.....
 Date of op.

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....
 Means of injury Injured at work?

23. SIGNATURE William Schaeffer M. D.
 Address Frederick, Md. Date signed Dec 30 46

RECEIVED
JAN 2 1947
BUREAU

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 97

CERTIFICATE OF DEATH

 12123
 Reg. Dist. No. 141

1. PLACE OF DEATH:

County Frederick
 City or town Brunswick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 42 yrs
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Brunswick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2. (a) If veteran, name war _____

3. (a) FULL NAME

Elizabeth J. Spriggs

3. (b) Social Security Number

4. Sex Female 5. Color or race Col. 6. (a) Single, married, widowed, or divorced married
 6. (b) Name of husband or wife William Spriggs 6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) March 2nd 1877
 8. AGE: Years 69 Months 8 Days 1 If less than one day _____ hrs. _____ min.

9. Birthplace Maryland
 (Town, county, and state)
 10. Usual occupation Housewife
 11. Industry or business _____
 12. Name John Rankins Spriggs
 13. Birthplace Maryland
 14. Maiden name Sarah Rankins
 15. Birthplace Maryland

18. Informant Mimis Brown
 Address Philp. Pa
 17. (Burial, cremation, or removal. Which?) Burial Date thereof Dec 4, 1946
 (month) (day) (year)
 Cemetery or crematory St. Paul's
 Location Patuxent Md. Knoxville
 18. Funeral director C. H. Fetter & Son
 Address Brunswick Md
 19. 12-4- 46 Eugenia H. Burke
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 1 1946, at 12:58 M
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 29 1945 to Dec 1 1946
 and that I last saw him alive on Nov 29 1946
 Immediate cause of death Arteriosclerosis
 DURATION 10 yrs
 Due to _____
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)
 Major findings of operations _____
 Date of op. _____
 Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____
 23. SIGNATURE [Signature] M. D. or other MD
 Address [Signature] Date signed Dec 4, 1946

RECEIVED

DEC 6 1946

BUREAU

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12124

Reg. Dist. No. 1400

1. PLACE OF DEATH:

County FrederickCity or town Le Gore
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Le Gore
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Ida Mae Stamb

3. (b) Social Security Number

4. Sex F 5. Color or race W. 6. (a) Single, married, widowed, or divorced Widow6. (b) Name of husband or wife Walter Stamb7. Birth date of deceased (mo., day, yr.) Feb. 24, 18838. AGE: Years 63 Months 10 Days 0 If less than one day _____ hrs. _____ min.9. Birthplace Frederick Co. Md.
(Town, county, and state)10. Usual occupation Housewife11. Industry or business Own home12. Name Mahton Fogle13. Birthplace Frederick Co. Md.14. Maiden name Sarah Hahn15. Birthplace Frederick Co. Md.16. Informant Blythe H. BooserAddress Le Gore, Md.17. Burial Date thereof Dec. 26, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Oak HillLocation Le Gore, Md.18. Funeral director Buell & HartleyAddress Woodsboro, Md.19. Dec 25- 1946 L C Rowell
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 24 1946, at 1230 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 19, 46 1946 to Dec 24 1946and that I last saw him alive on Dec 23, 46 1946Immediate cause of death Myocardial DURATION

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

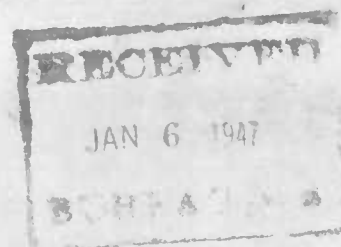
Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Samuel E. Gortney M. D. or otherAddress Woolkesville, Md Date signed Dec 24, 46



2-35

~~2-145~~ — ~~2-10~~

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12125

Reg. Dist. No. 134

1. PLACE OF DEATH:

County Frederick
 City or town Rural Emmitsburg
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 74 years
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Rural Emmitsburg
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. R.D.1
 (If rural, give LOCATION)
 2.(a) If veteran, name war:

3. (a) FULL NAME

STOUTER, JOSEPH HENRY

3. (b) Social Security Number

219-20-0455

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Martha Ellen Ferguson
 6. (c) If alive, give age 60 years
 7. Birth date of deceased (mo., day, yr.) August 23, 1872
 8. AGE: Years 74 Months 3 Days 29 hrs. min.

9. Birthplace Frederick Co., Maryland
(Town, county, and state)10. Usual occupation Laborer

11. Industry or business

12. Name John Michael Stouter13. Birthplace Unknown14. Maiden name Sara C. Baker15. Birthplace Unknown16. Informant Bernard H. Stouter
Address Emmitsburg, Md. R.D.1

17. Burial Date thereof Dec. 26, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory St. Anthony's Shrine Cem.
Emmitsburg, Md.
 Location

18. Funeral director W. F. Shuff
Address Emmitsburg, Maryland19. Dec 25 1946 W. F. Shuff
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH 21 DECEMBER 1946, at 10:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from neural heart 22 December 1946
 and that I last saw him alive on 22 December 1946

Immediate cause of death Exposure DURATION 5-6 hr.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Charles H. Conley, Jr. M.D.W. F. Shuff M.D. or otherAddress Frederick, Md. Date signed 23 Dec 46

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

DEC 28 1946

BUREAU OF

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (162-0)

CERTIFICATE OF DEATH

Reg. Dist. No. 12126 1310

1. PLACE OF DEATH:

County FredrickCity or town Fredrick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 15 years

Hospital, institution, or street address where death occurred:

317 North Benty St.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FredrickCity or town Fredrick
(If outside city or town limits, write RURAL and give nearest town)Street No. 317 North Benty St.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

ANNIE MARY STUDY

3. (b) Social Security Number

None4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife William Study6. (c) If alive, give age 61 years7. Birth date of deceased (mo., day, yr.) April - 23 - 18858. AGE: Years 61 Months 7 Days 27 If less than one day _____ hrs. _____ min.9. Birthplace Adams County, P.A.
(Town, county, and state)10. Usual occupation Housework11. Industry or business Housewife12. Name Amos Swillett13. Birthplace Adams County PA14. Maiden name Nettie Swillett15. Birthplace Adams County, P.A.16. Informant William StudyAddress 317 N. Benty St., Fredrick17. Permanental Burial Date thereof Dec. 23 - 1946
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Int. Carmel Cem. LittlestownLocation Littlestown, PA18. Funeral director John M. Little, SonAddress Littlestown, P.A. P.O. Box 1419. 20 Dec 19 46 Elizabeth S. Hob.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 20 December 1946 at 7:40 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

near 19 to 19 20 Dec.and that I last saw him/her alive on 20 Dec. 19 46

Immediate cause of death

Acute inanition

DURATION

4 daysDue to Senile Dementia4-5 yrs.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work?

23. SIGNATURE

Charles H. Conley, Jr. M.D.
Dep. Med. Examiner
Fredrick, Md

M.D. or other

Address Fredrick, Md Date signed 20 Dec 46

OFFICE OF THE DIRECTOR, BUREAU OF REVENUE

WASHINGTON, D. C.

UNITED STATES DEPARTMENT OF THE TREASURY

Transmitted

ARTISTIAN LETTER

RECEIVED

RECEIVED

DEC 23 1946

BUREAU OF REVENUE

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (7)

CERTIFICATE OF DEATH

12127

Reg. Dist. No. 1310

1. PLACE OF DEATH:

County FredesickCity or town Fredesick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 2 days

Hospital, institution, or street address where death occurred:

11 Jefferson St.How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FredesickCity or town Rural St Marks
(If outside city or town limits, write RURAL and give nearest town)Street No. near Petenwell Md.
(If rural, give LOCATION)2.(a) If veteran, name war —

3. (a) FULL NAME

Martha Ellen Sulser

3. (b) Social Security Number

—

4. Sex

Female

5. Color or race

white

6.(a) Single, married, widowed, or divorced

Single

6.(b) Name of husband or wife

—6.(c) If alive, give age — years7. Birth date of deceased (mo., day, yr.) Dec. 9th 18618. AGE: Years 85 Months 0 Days 21 If less than one day — hrs. — min.9. Birthplace Maryland
(Town, county, and state)10. Usual occupation Seamstress11. Industry or business own12. Name George P. Sulser13. Birthplace West Virginia14. Maiden name Catherine Kellery15. Birthplace West Virginia16. Informant John Edgar SulserAddress Knoxville Md.17. Burial Date thereof Jan. 2, 1947
(Burial, cremation, or removal, which?) (month) (day) (year)Cemetery or crematory LutheranLocation Jefferson Md.18. Funeral director C. H. Feete & BroAddress Brunswick Md.19. Jan 1947 Elizabeth S. Heck
(Date signed by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 31 1946 at 5 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 1940 to Dec 31 1946
and that I last saw him alive on Dec 29 1946Immediate cause of death Pneumonia(terminal)

DURATION

6 yrsDue to —Due to —Other conditions —

(Include pregnancy within 3 months of death)

Major findings of operations —Date of op. —Autopsy results —

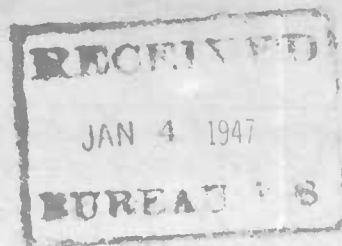
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —Means of injury — Injured at work? —23. SIGNATURE Elizabeth S. Heck M. D. or otherAddress Brunswick Md. Date signed 1/2/47



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 470 X

CERTIFICATE OF DEATH

12128

Reg. Dist. No.

1450

1. PLACE OF DEATH:

County Frederick
City or town Rural Myersville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 51 yrs
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Frederick
City or town Rural Myersville
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war.

3. (a) FULL NAME

Lizzie E. Toms

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Millard F. Toms

6.(c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) Nov. 4, 1873

8. AGE: Years 73 Months 1 Days 18 If less than one day
hrs. min.

9. Birthplace Myersville, Frederick Co. Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Adam Leatherman

13. Birthplace Myersville, Md.

MOTHER 14. Maiden name Susan Harshman

15. Birthplace Myersville, Md.

16. Informant Millard F. Toms

Address Myersville, Md.

17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof 12-24-46
(month) (day) (year)

Cemetery or crematory U. B. Cemetery

Location Myersville, Md.

18. Funeral director Bladhill Co.

Address Piddletown, Md.

19. Dec 23 1946 Registrar Floyd M. Bitts

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 22, 1946 at 8:00 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 46 to Dec 22 1946 and that I last saw her alive on Dec 18 1946

Immediate cause of death Carcinoma begun with metastasis DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J E Harp MD M. D. or other

Address Myersville Date signed 12-23-46

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

DEC 28 1946

BUREAU V B.

1-35-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 952

CERTIFICATE OF DEATH

12129

Reg. Dist. No. 1411

1. PLACE OF DEATH:

County Fredrick
 City or town Brunswick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 50 years
 Hospital, institution, or street address where death occurred:
315 East "D"
 How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Fredrick
 City or town Brunswick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 315 East "D"
 (If rural, give LOCATION)
 2.(a) If veteran, name war —

3. (a) FULL NAME

William W. Utterback

3. (b) Social Security Number

—

4. Sex male 5. Color or race white 6.(a) Single, married, widowed, or divorced married
 6.(b) Name of husband or wife Emma W. Thomas
 6.(c) If alive, give age 75 years
 7. Birth date of deceased (mo., day, yr.) Jan. 21, 1867
 8. AGE: Years 79 Months 10 Days 12 It less than one day — hrs. — min.

9. Birthplace Maryland
 (Town, county, and state)
 10. Usual occupation B. & P. Engineer Retired
 11. Industry or business Transportation
 12. Name John Newman Utterback
 13. Birthplace Virginia
 14. Maiden name Marie M. Edwards
 15. Birthplace Virginia

16. Informant Mrs Emma W. Utterback
 Address Brunswick Md
 17. Burial Date thereof Dec 6, 1946
 (Burial, cremation, or removal Which?) (month) (day) (year)
 Cemetery or crematory Bethesda
 Location Snook Hill Md.
 18. Funeral director C. B. Fouts & Son
 Address Brunswick Md.

19. Dec 6 19 46 Kathryn A. Brown
 (Date rec'd by registrar) (month) (day) (year) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 19 46 at 6:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19 — to — 19 —

and that I last saw him — alive on — 19 —

Immediate cause of death Heart Failure DURATION 10 years

Due to Arterio-sclerotic Heart Disease

Due to —

Other conditions —

(Include pregnancy within 3 months of death)

Major findings of operations — Date of op. —

Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

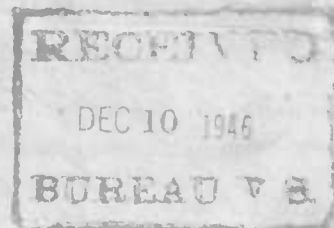
Where did injury occur? — (City or town) — (County) — (State)

Injured at home, farm, industry, public place (where?) —

Means of Injury — Injured at work? —

23. SIGNATURE Frederick H. Kennedy MD M. D. or other

Address Brunswick Md Date signed 5 Dec 46



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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore B-5

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:

County Frederick
 City or town State Sanatorium
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Since June 27, 1946
 Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
 How long in hospital or institution? Since June 27, 1946

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Baltimore
 City or town Baltimore
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 507 Patapsco Ave.
 (If rural, give LOCATION)
 2. (a) If veteran, name war ✓

3. (a) FULL NAME

EDWARD A. WAGNER

3. (b) Social Security Number

218-01-3220

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Ethel Wagner
 6. (c) If alive, give age 44 years
 7. Birth date of deceased (mo., day, yr.) Nov. 1, 1885

8. AGE: Years 61 Months 1 Days 25 If less than one day
 hrs. min.

9. Birthplace Baltimore, Md.
 (Town, county, and state)

10. Usual occupation Watchman

11. Industry or business

FATHER 12. Name Joseph Wagner
 13. Birthplace Baltimore, Md.

MOTHER 14. Maiden name Mary Hartman
 15. Birthplace Baltimore, Md.

16. Informant Deceased
 Address

17. Burial Date thereof Dec. 30, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Oak Wood Cemetery
 Location Richmond, Va.

18. Funeral director M. L. Creager and Son
 Address Thurmont, Md.

19. 12/26/46
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 26 19 46 at 3:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 27 19 46 to Dec. 26 19 46
 and that I last saw him alive on Dec. 26 19 46

Immediate cause of death

PULMONARY TUBERCULOSIS

DURATION

22 1/2 yrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE M. D. or other

Address State Sanatorium, Md. Date signed 11/26/46

RECEIVED

DEC 30 1946

BUREAU V.B.

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1310

12131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick City HospitalHow long in hospital or institution? 15 Minutes

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)

Street No. 516 Middle Alley

(If rural, give LOCATION)

2. (a) If veteran, name war None

3. (a) FULL NAME

ZELMAR WALDON

3. (b) Social Security Number

None

4. Sex F 5. Color or race C 6. (a) Single, married, widowed, or divorced M

6. (b) Name of husband or wife Richard Waldon

6. (c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) May 10, 1903

8. AGE: Years 43 Months 7 Days 13 If less than one day
 hrs. min.

9. Birthplace Frederick-Frederick-Maryland
 (Town, county, and state)

10. Usual occupation Domestic

11. Industry or business

12. Name Charles Brown

13. Birthplace Frederick County Maryland

14. Maiden name Mary Temple

15. Birthplace Frederick County Maryland

16. Informant Richard Waldon

Address 516 Middle Alley, Frederick, Md.

17. Burial 12/26/46

(Burial, cremation, or removal, which?) Date thereof (month) (day) (year)

Cemetery or crematory Colored Cemetery

Location Bartonsville-Fred'k, Md. R.D.#1

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. 26-Dec-1946 Elizabeth G. Heisk
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 23, 1946 at 7:30 P.M.

21. CERTIFY that death occurred on the date above stated; that I attended deceased from December 18, 1946 to Dec 23, 1946

and that I last saw him alive on Dec 23, 1946

Immediate cause of death Coronary thrombosis

DURATION Sudden

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

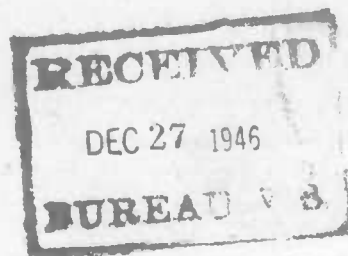
Injured at home, farm, industry, public place (where?)

Manner of injury Injured at work?

23. SIGNATURE Elizabeth G. Heisk M. D.

Address 116 Dec 24/46 M. D. or other

Date signed 12/24/46



1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12568

Reg. Dist. No.

1310

1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

B. (b) Name of husband or wife

7. Birth date of

deceased (mo., day, yr.)

6. (c) If alive, give age.....years

8. AGE:

Years

Months

Days

If less than one day

76

3

8

.....hrs.

.....min.

9. Birthplace

10. Usual occupation

11. Industry or business

FATHER

12. Name

13. Birthplace

MOTHER

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal, which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

1946

Elizabeth G. Hack

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For non-born infants give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

Dec. 9

1946, at 11 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept. 12, 1946, to Dec. 9, 1946

and that I last saw him alive on Dec. 9, 1946

Immediate cause of death

DURATION

Due to

Due to

Due to

Other conditions

Hypertension

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

A. A. Pearce M.D.

M. D. or other

Address

Frederick, Md.

Date signed

12/10/46

UNITED STATES DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

IN THE CITY AND COUNTY OF

DEPARTMENT OF HEALTH

RECEIVED

DEC 13 1946

BUREAU 3

1-35